


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90430 008 ****50.00

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| DOCUMENT # L01000012600 |  |
| 1. Entity Name OAK TERRACE HEALTH CARE ASSOCIATES, LLC | |

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| Principal Place of Business 803 OAK STREET GREEN COVE SPRINGS, FL 32043 | Mailing Address 10210 HIGHLAND MANOR DRIVE STE 250 TAMPA, FL 33610 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 303 Perimeter Center N. Suite 500 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State Atlanta, GA |
| Zip | Country US |
| Country | Zip 30346 |

02052007 Chg-LLC CR2E083 (12/06)

4. FEI Number
58-2639468

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM EPSILON HEALTH CARE PROPERTIES, LLC 10210 HIGHLAND MANOR DR., STE. 250 TAMPA, FL 33610 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager Gary cooke 803 Oak Street Green Cove Springs, FL 32043 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Gary Cooke Gary Cooke 2/7/07 (904) 284-5606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #