## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000016652

Entity Name: TAMPA HEALTH INVESTORS, L.L.C.

FILED Jan 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5005 N. OCEAN BOULEVARD 5005 N. OCEAN BLVD

MYRTLE BEACH, SC 295772542 MYRTLE BEACH, SC 295772542

Current Mailing Address: New Mailing Address:

5005 N. OCEAN BOULEVARD 240 EAGLE ESTATES DRIVE

MYRTLE BEACH, SC 295772542 DEBARY, FL 32713

FEI Number: 04-3694259 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCKIBBEN, R. BRUCE JR. 1435 E. PIEDMONT DR., SUITE 214 TALLAHASSEE, FL US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SWAIN, W. STEWART
 Name:

 Address:
 5005 NORTH OCEAN BLVD.
 Address:

 City-St-Zip:
 MYRTLE BEACH, SC 29577
 City-St-Zip:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

Name: HERZOG, C.P. Name: HERZOG, L.P.

Address: 240 EAGLE ESTATE DRIVE Address: 240 EAGLE ESTATE DRIVE
City-St-Zip: DEBARY, FL 32713 City-St-Zip: DEBARY, FL 32713

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAVERNE P. HERZOG MGRM 01/06/2005