


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90040 036 ***138.75

DOCUMENT # L03000017146 1. Entity Name SOUTHPPOINT HEALTH CARE ASSOCIATES, LLC					
Principal Place of Business 10210 HIGHLAND MANOR DRIVE SUITE 270 TAMPA, FL 33610			Mailing Address 303 PERIMETER CENTER NORTH SUITE 500 ATLANTA, GA 30346		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03282008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 81-0612152	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALPHA HEALTH CARE PROPERTIES, LLC 10210 HIGHLAND MANOR DRIVE, SUITE 250 TAMPA, FL 33610		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Alpha Health Care Properties, LLC 10210 Highland Manor Drive, Suite 270 Tampa, FL 33610	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Tracey C. Cosby</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Tracey C. Cosby, Authorized Representative of Sole Member <u>4/28/08</u> <small>Date</small>		
			<small>Daytime Phone #</small>		