

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037510

FILED  
May 01, 2007  
Secretary of State

Entity Name: AUGUSTA HEALTH CARE PROPERTIES, LLC

**Current Principal Place of Business:**

10210 HIGHLAND MANOR DR, STE 250  
TAMPA, FL 33610

**New Principal Place of Business:**

10210 HIGHLAND MANOR DR, STE 270  
TAMPA, FL 33610

**Current Mailing Address:**

10210 HIGHLAND MANOR DR, STE 250  
TAMPA, FL 33610

**New Mailing Address:**

10210 HIGHLAND MANOR DR, STE 270  
TAMPA, FL 33610

FEI Number: 20-1277671      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FLORIDA HEALTH CARE, PROPERTIES, LL C  
Address: 10210 HIGHLAND MANOR DR, STE 250  
City-St-Zip: TAMPA, FL 33610

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: AR (X) Change ( ) Addition  
Name: COSBY, TRACEY C AR  
Address: 303 PERIMETER CENTER NORTH, SUITE 500  
City-St-Zip: ATLANTA, GA 30346

Title: AR ( ) Change (X) Addition  
Name: BENCH, G S AR  
Address: 10210 HIGHLAND MANOR DRIVE  
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TRACEY C COSBY, AUTHORIZED REPRESENTATIVE

AR

05/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date