


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90059 006 ****50.00

DOCUMENT # L05000007896

1. Entity Name
MOUNT SINAI MEDICAL COMPLEX, LLC



Principal Place of Business
**839 NORTH JEFFERSON STREET
 MILWAUKEE, WI 53202**

Mailing Address
**839 NORTH JEFFERSON STREET
 MILWAUKEE, WI 53202**

20047079



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

06012006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

4. FEI Number
20-2825711

Applied For
 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	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 LANDMARK HEALTHCARE PROPERTIES FUND, LLC 839 NORTH JEFFERSON STREET MILWAUKEE, WI 53202 <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: *Beta R. Khumachan CFO* **5/31/06** **414-277-0500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #