

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000007896

**FILED  
Jul 05, 2007  
Secretary of State**

**Entity Name:** MOUNT SINAI MEDICAL COMPLEX, LLC

**Current Principal Place of Business:**

839 NORTH JEFFERSON STREET  
MILWAUKEE, WI 53202

**New Principal Place of Business:**

**Current Mailing Address:**

839 NORTH JEFFERSON STREET  
MILWAUKEE, WI 53202

**New Mailing Address:**

**FEI Number:** 20-2825711      **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:**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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/MANAGERS:**

**ADDITIONS/CHANGES:**

**Title:** MGRM ( ) Delete  
**Name:** LANDMARK HEALTHCARE, PROPERTIES FUN D , LLC  
**Address:** 839 NORTH JEFFERSON STREET  
**City-St-Zip:** MILWAUKEE, WI 53202 US

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: NICHOLAS F. CHECOTA

MGRM

07/05/2007

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