

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007896

FILED
Apr 14, 2009
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 ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MMBR () Delete
Name: LANDMARK HEALTHCARE PROPERTIES FUND, LLC
Address: 839 NORTH JEFFERSON STREET
City-St-Zip: MILWAUKEE, WI 53202 US

Title: MMBR () Delete
Name: MOUNT SINAI MEDICAL CENTER OF FLORIDA, INC
Address: 839 NORTH JEFFERSON STREET
City-St-Zip: MILWAUKEE, WI 53202 US

ADDITIONS/CHANGES:

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

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

PRES

04/14/2009

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