

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098142

FILED  
Feb 16, 2011  
Secretary of State

Entity Name: AMERICAN HEALTHCARE TRUST I LLC

## Current Principal Place of Business:

259 4TH AVENUE NORTH  
ST PETERSBURG, FL 33701

## New Principal Place of Business:

6727 1ST AVE SOUTH  
SUITE 106  
ST PETERSBURG, FL 33707

## Current Mailing Address:

6727 1ST AVE. SOUTH  
SUITE 106  
ST. PETERSBURG, FL 33707

## New Mailing Address:

6727 1ST AVE SOUTH  
SUITE 106  
ST PETERSBURG, FL 33707

FEI Number: 26-3553483

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KENNEDY, TIMOTHY C  
259 4TH AVENUE NORTH  
ST PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

ADAMS, PETER  
6727 1ST AVE SOUTH  
SUITE 106  
ST PETERSBURG, FL 33707 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: PETER ADAMS

02/16/2011

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR  
Name: KENNEDY, TIMOTHY C  
Address: 6727 1ST AVE SOUTH, SUITE 106  
City-St-Zip: ST PETERSBURG, FL 33707

Title: MGR  
Name: ADAMS, PETER  
Address: 6727 1ST AVE SOUTH, SUITE 106  
City-St-Zip: ST PETERSBURG, FL 33707

I hereby 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: TIMOTHY C KENNEDY

MGR

02/16/2011

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