

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000031401

Entity Name: SAVOY HCP I, LLC

FILED  
Apr 27, 2012  
Secretary of State

**Current Principal Place of Business:**

24641 US HWY 19 N  
CLEARWATER, FL 33763 US

**New Principal Place of Business:**

**Current Mailing Address:**

24641 US HWY 19 N  
CLEARWATER, FL 33763 US

**New Mailing Address:**

FEI Number: 26-4572604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HARTIG, MARK  
24641 US HWY 19 N.  
CLEARWATER, FL 33763 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  
Name: ATKINS, BENJAMIN  
Address: 24641 US HWY 19 N  
City-St-Zip: CLEARWATER, FL 33763 US

Title: MGRM  
Name: MORRISON FAMILY LIMITED PARTNERSHIP, LLLP  
Address: 24641 US HWY 19 N  
City-St-Zip: CLEARWATER, FL 33763 US

Title: MGRM  
Name: GARFF, JOSEPH A  
Address: 24641 US HWY 19 N  
City-St-Zip: CLEARWATER, FL 33763 US

Title: MGRM  
Name: ANGELL, RICK  
Address: 5225 OLD ORCHARD RD SUITE 23A  
City-St-Zip: SKOKIE, IL 60077 US

Title: MGRM  
Name: BABENDIR, NANCY  
Address: 5225 OLD ORCHARD RD SUITE 23A  
City-St-Zip: SKOKIE, IL 60077 US

Title: MGRM  
Name: ELDERBERRY OF CHAMPAIGN, LLC  
Address: 1000 CHURCH STREET 3RD FLOOR  
City-St-Zip: LYNCHBURG, VA 24504 US

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: BEN ATKINS

MGRM

04/27/2012

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