

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000089016

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Entity Name:** SONATA HEALTH CARE TENANT, LLC

**Current Principal Place of Business:**

301 EAST PINE STREET, SUITE 730  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

301 EAST PINE STREET, SUITE 730  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 27-3350930

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ESDEN, SHELLY  
301 EAST PINE STREET, SUITE 730  
ORLANDO, FL 32801 US

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

ESDEN, SHELLEY  
301 EAST PINE STREET, SUITE 730  
ORLANDO, FL 32801 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: SHELLEY ESDEN

02/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BEEBE, STUART J PRES  
Address: 1635 LOOKOUT LANDING CIRCLE  
City-St-Zip: WINTER PARK, FL 32789

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: STUART J. BEEBE

PRES

02/01/2011

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