

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002907

1. Entity Name

DAYTONA HEALTHCARE INVESTORS, LLC

SECRETARY OF STATE
DIVISION OF CORPORATE

OUT FEB 24 PM 12:01

Principal Place of Business
1175 PEACHTREE STREET, SUITE 710
ATLANTA GA 30361

Mailing Address
1175 PEACHTREE STREET, SUITE 710
ATLANTA GA 30361-6204



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-2471368	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCKIBBEN, R. BRUCE JR 1301 MICCOSUKEE ROAD TALLAHASSEE FL 32308		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

mf 3/7/00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCMULLAN, JOHN E 1175 PEACHTREE ST., STE 710, 100 COLONY SQ ATLANTA GA 30361 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Signature* **REQUIRE E. MCMULLAN** 2/19/00 (404) 3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR29083 (9/99)