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May 23, 2005 8:00 am
Secretary of State

04-12-2005 90010 030 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000002368

1. Entity Name
REGENCY OAKS, LLC

30006936

Principal Place of Business	Mailing Address
2751 REGENCY OAKS BLVD. CLEARWATER, FL 33759	18167 U.S. HIGHWAY 19 NORTH SUITE 660 CLEARWATER, FL 33764

04052005 Chg-LLC CR2E063 (10/03)

2. Principal Place of Business	3. Mailing Address
	2701 N. Rocky Point Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1160
City & State	City & State Tampa, FL
Zip / Country	Zip 33607 / Country US

4. FEI Number 11-3650793 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TA;LLAHASSEE, FL 32399	Name CT Corporation Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road City Plantation FL Zip Code 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Barbara A Burke BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY 5-5-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHP SENIOR HOUSING FUND, LLC 18167 U.S. HIGHWAY 19 NORTH, SUITE 660 CLEARWATER, FL 33764 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CSA Senior Housing Investments, LLC 630 Fifth Avenue, 29th Floor New York, NY 10111 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

CSA Senior Housing Investments, LLC, Manager
By: Craig E. Anderson, as Manager

SIGNATURE: [signature] 4/7/05 (212) 314-0366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day/Time Phone #