


FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90032 010 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

| | | | |
|--|---|---|---|
| DOCUMENT # M03000000323 | |  | |
| 1. Entity Name HARBOUR HEALTH PROPERTIES, LLC | | | |
| Principal Place of Business 18167 U.S. HIGHWAY 19 NORTH SUITE 660 CLEARWATER, FL 33764 | | Mailing Address 18167 U.S. HIGHWAY 19 NORTH SUITE 660 CLEARWATER, FL 33764 | |
| 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 | Country |
| 33607 | US | 33607 | US |
| 4. FEI Number 54-2107568 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| JOHNSON EZELL CORPORATION 18167 U.S. HIGHWAY 19 NORTH SUITE 660 CLEARWATER, FL 33764 | | 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: <u>PETER F. SOUZA</u> ASSISTANT SECRETARY Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/11/05</u> | | | |
| 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 | MGR JOHNSON EZELL HOLDINGS, LLC 18167 U.S. HIGHWAY 19 NORTH, SUITE 660 CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CSA Senior Housing Investments, LLC 630 Fifth Avenue, 29th Floor New York, NY 10111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes. By: <u>Craig E. Anderson</u> , as Manager SIGNATURE: <u>[Signature]</u> (212) 314-0366 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | |

20032778



04052005 Chg-LLC CR2E083 (10/03)