

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000323

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** HARBOUR HEALTH PROPERTIES, LLC

**Current Principal Place of Business:**

2701 N. ROCKY POINT DRIVE  
SUITE 1160  
TAMPA, FL 33607 59

**New Principal Place of Business:**

**Current Mailing Address:**

2701 N ROCKY POINT DRIVE  
SUITE 1160  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 54-2107568      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CT CORPORATION  
1200 S PINE ISLAND ROAD  
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CSA SENIOR HOUSING I, NVESTMENTS LLC  
Address: 630 FIFTH AVENUE, 29TH FLOOR  
City-St-Zip: NEW YORK, NY 10111

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CRAIG E. ANDERSON

MGR

05/01/2008

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