

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000006814

**FILED**  
**May 13, 2010**  
**Secretary of State**

**Entity Name:** BOTETOURT HEALTHCARE PROPERTIES I, LLC

**Current Principal Place of Business:**

1022 MAIN STREET  
SUITE H  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

1022 MAIN STREET  
SUITE H  
DUNEDIN, FL 34698

**New Mailing Address:**

**FEI Number:** 20-5785407      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

ATKINS, BENJAMIN  
1022 MAIN STREET  
SUITE H  
DUNEDIN, FL 34698 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  
**Name:** ATKINS, BENJAMIN  
**Address:** 1022 MAIN STREET SUITE H  
**City-St-Zip:** DUNEDIN, FL 34698

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: MARYA MORRISON

MGRM

05/13/2010

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