

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000006814

**FILED**  
**Mar 11, 2011**  
**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:**

24641 US HWY 19 N  
CLEARWATER, FL 33763

**Current Mailing Address:**

1022 MAIN STREET  
SUITE H  
DUNEDIN, FL 34698

**New Mailing Address:**

24641 US HWY 19 N  
CLEARWATER, FL 33763

**FEI Number:** 20-5785407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ATKINS, BENJAMIN  
1022 MAIN STREET  
SUITE H  
DUNEDIN, FL 34698 US

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

ATKINS, BENJAMIN  
24641 US HWY 19 N  
CLEARWATER, FL 33763 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:

03/11/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ATKINS, BENJAMIN  
Address: 24641 US HWY 19 N  
City-St-Zip: CLEARWATER, FL 33763

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: BEN ATKINS

MGRM

03/11/2011

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