**APPROVED** 

## 2000 UNIFORM BUSINESS REPORT (UBR)

indicated on this report is true and limited liability company or the r

SIGNATURE://

## M99000000728 **DOCUMENT #** 1. Entity Name COENT 30 AMII: LE MEDITRUST ACQUISITION COMPANY LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 197 FIRST AVENUE 197 FIRST AVENUE NEEDHAM MA 02494-2812 NEEDHAM MA 02494 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State APPLIED FOR 04-3465814 Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET --01004--013 TALLAHASSEE FL 32301-2525 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. PRESIDENT 9 CGO Change **Addition** TITLE MGR **Delete** TITLE FRANCIS W. CASH BENSON, DAVID F NAME NAME 197 FIRST AVENUE, SUITE 300 197 FIRST AVENUE STREET ANSRESS STREET ADDRESS NEEDNAM HEIGHTS, MA 02494 NEEDHAM MA 02494 CITY- ST- 71P CITY- ST- ZIP CFO & TREASURER **Addition** ☐ Delete TITLE Change Change TITLE NAME LAURIE T. GERBER NAME 197 FIRST AVENUE, SUITE 300 STREET ADDRESS STRFFT ADDRESS NEED HAM HEIGHTS, MA 02494 CITY- ST- ZIP Addition TITLE MGR 600 ☐ Detete MICHAGE F. BUSHEE .. MAME 197 FIRST AVENUE, SUITE 300 STREET ADDRESS STREET ADDRESS NEED 4AM HETCHTS CITY-ST-7IP SECRETARY AND MANAGER Change KAddition TITLE MGR. Delete TITLE MICHAEL S, BENSAMIN NAME MAME 197 EIRST AVENUE, SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST-ZIP NEEDHAM HEIGHTS. MA Change Addition TITLE Delete TITLE HAME RAME STREET ADDRESS STREET ANNRESS £1TY - 8T - 71P CITY\_ ST- ZIP ☐ Change Addition TITLE Delete MAME STREET ADDRESS CITY- ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 stee empoyeered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with

MICHAEL S BENDAMIN

EIGNING MANAGING MEMBER OR MANAGER SECRETARY AND