

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 17, 2001 08:00 AM****Secretary of State****DOCUMENT # M99000001408**1. Entity Name
WELLINGTON HEALTHCARE PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
700 OLD ROSWELL LAKES PARKWAY, SUITE 300	700 OLD ROSWELL LAKES PARKWAY, SUITE 300
ROSWELL GA 30076	ROSWELL GA 30076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number
58-2483913Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION FL
33324 US

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____ 01/17/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	MGR	Delete	TITLE	Change	Addition
NAME	WELLINGTON HEALTHCARE SERVICES, L.L.C.		NAME		
STREET ADDRESS	700 OLD ROSWELL LAKES PARKWAY, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	ROSWELL GA 30076		CITY-ST-ZIP		
TITLE		Delete	TITLE	Change	Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE	Change	Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE	Change	Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE	Change	Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 608, Florida Statutes.

SIGNATURE: Philip Rees **Secr** 01/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)