

2001 UNIFORM BUSINESS REPORT (UBR)

0024083 AF

DOCUMENT # M99000001547

1. Entity Name
DOLPHINS VIEW INVESTORS, LLC

FILED

01 APR 27 PM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
400 PERIMETER CENTER, SUITE 650
ATLANTA GA 30346

Mailing Address
400 PERIMETER CENTER, SUITE 650
ATLANTA GA 30346

2. Principal Place of Business
400 Perimeter Center Terrace

3. Mailing Address
400 Perimeter Center Terrace

Suite, Apt. #, etc.
Suite 650

Suite, Apt. #, etc.
Suite 650

City & State
Atlanta, GA

City & State
Atlanta, GA

Zip Country
30346-1266 USA

Zip Country
30346-1266 USA

4. FEI Number 58-2494342

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ (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

TITLE NAME ☐ Delete
MGM
FIVE STAR HEALTHCARE PROPERTIES, LLC
STREET ADDRESS 400 PERIMETER CENTER, SUITE 650
CITY-ST-ZIP ATLANTA GA 30346

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
200004212892--4
-05/11/01--01127--017
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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: [Signature]

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

Date 4/26/01

Daytime Phone #

CR2E083 (11/00)