


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90042 015 ****50.00

| | |
|---|---|
| DOCUMENT # M99000001547 |  |
| 1. Entity Name DOLPHINS VIEW INVESTORS, LLC | |

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|--|--|
| Principal Place of Business 1200 ABERNATHY ROAD SUITE 1700 ATLANTA, GA 30328 | Mailing Address 1200 ABERNATHY ROAD SUITE 1700 ATLANTA, GA 30328 |
|--|--|

14002540



| | |
|---|---|
| 2. Principal Place of Business 5445 Triangle Parkway Suite, Apt. #, etc. Suite 260 City & State Norcross, Georgia Zip 30092 Country USA | 3. Mailing Address 5445 Triangle Parkway Suite, Apt. #, etc. Suite 260 City & State Norcross, Georgia Zip 30092 Country USA |
|---|---|

01102005 Chg-LLC CR2E083 (10/03)

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | |
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| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 58-2494342 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FIVE STAR HEALTHCARE PROPERTIES, LLC 1200 ABERNATHY ROAD SUITE 1700 ATLANTA, GA 30328 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5445 Triangle Parkway, Suite 260 Atlanta, GA 30092 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

Date

Daytime Phone

managing member of member **4/25/05**
770-1453-8011