2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/18/03--01060--002 **50.00

DOCUMENT # M99000001547

1. Entity Name
DOLPHINS VIEW INVESTORS, LLC

Principal Place of Business	Mailing Address
400 PERIMETER CENTER TERRACE STE 650 ATLANTA, GA 30346	400 PERIMETER CENTER TERRACE STE 650 ATLANTA, GA 30346

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1200 Abernathy Road		1200 Abernathy Road	
Suite, Apt. #, etc. Suite 1700		Suite, Apt. #, etc. Suite 1700	
City & State Atlanta, GA		City & State Atlanta, GA	
Zip 30328	Country USA	Zip 30328	Country USA

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

5. 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 ROAD PLANTATION, FL 33324	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIVE STAR HEALTHCARE PROPERTIES, LLC 400 PERIMETER CENTER, SUITE 650 ATLANTA, GA 30346 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Five Star Healthcare Properties, LLC 1200 Abernathy Road, Suite 1700 Atlanta, GA 30328 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E063 (10/02)

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] 4/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #