## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900001859  Entity Name					FILED	
FIVE STA	R HEALTHCARE PROPER	RTIES, LLC			01 MAY -1 PM 5: 41	
Principal Place of Business Mailing Address 400 PERIMETER CENTER TERRACE 400 PERIMETER CENTER STE 650 STE 650 ATLANTA GA 30346 ATLANTA GA 30346			TERRACE		SECRETARY OF STATE TALLAHASSEE, FLORIDA .	III `
2. Principal Place of Business		3. Mailing Address	<del></del>	<u></u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State	City & State		4. FEI Number 58-2494339 Applied For Not Applied	
Zip	Country	Country Zip		try	5. Certificate of Status Desired Specificate Status Desired Specificate Specif	
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					ress (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code	
	Signature, typed or printed name of registered age	FILE NI Make Check Pa	W!!! able t	   FEE IS \$50.00	nt of State	
).		BERS/MEMBERS	10.		ADDITIONS/CHANGES	_
itle Ame Treet address XTY-ST-ZIP	MGRM SOUTHEAST CAPITAL, LLC 400 PERIMETER CENTER TERF ATLANTA GA 30346	L. Delete			☐ Change ☐ Addit	ion
ITLE AME TREET ADDRESS ITY-ST-ZIP	MGRM HIGHLAND HEALTHCARE CAPI 400 PERIMETER CENTER TERF ATLANTA GA 30346				☐ Change ☐ Addit 900004274669 -05/21/0101172002	4
TLE AME Treet address ITY-ST-ZIP		☐ Delete			<b>******************************</b> □ Change □ Addit	ion
TLE AME (reet address (ty-st-zip		☐ Delete		ļ.	☐ Change ☐ Addit	ion
TLE Ame Freet address ITY-ST-ZIP		☐ Delete		<b>I</b>	☐ Change ☐ Additi	ion
TLE AME TREET AODRESS ITY-ST-ZIP		☐ Delete	ÇITY-	ET ADDRESS ST-ZIP	☐ Change ☐ Additi	
indicated i	ertify that the information supplied wi on this report is true and accurate an oility company or the receiver or trust	d that my signature shall have to	e same	legal effect as if	in Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the hapter 608, Florida Statutes.	'

SIGNATURE: SIGNATURE AND TYPED OR PRINTED INGS OF SIGNING MANAGING MEMBER, MAN. GEB. OR AUTHORIZED REPRESENTATIVE 4/30/01 Date (770)730 - 1103 Daytime Phone #