


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000001859		
1. Entity Name FIVE STAR HEALTHCARE PROPERTIES, LLC		
Principal Place of Business 1200 ABERNATHY ROAD SUITE 1700 ATLANTA, GA 30328	Mailing Address 1200 ABERNATHY ROAD SUITE 1700 ATLANTA, GA 30328	
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		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when renouncing)</small>
Filing Fee is \$50.00 Due by May 1, 2004		000000103096 04/05/04-80043-005 50.00
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOUTHEAST CAPITAL, LLC 1200 ABERNATHY ROAD, SUITE 1700 ATLANTA, GA 30328	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGHLAND HEALTHCARE CAPITAL, LLC 1200 ABERNATHY ROAD, SUITE 1700 ATLANTA, GA 30328	
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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: <u>Lisa A. Bennett</u>		3/31/04 770/551-8132
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



03162004 No Chg-LLC — CR2E083 (10/03)

4. FEI Number 58-2494339	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required