

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2005 90042 017 ****50.00

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**

14002538



01102005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business

**5445 Triangle Parkway
Suite, Apt. #, etc.
Suite 260**

3. Mailing Address

**5445 Triangle Parkway
Suite, Apt. #, etc.
Suite 260**

City & State
Norcross, Georgia

City & State
Norcross, Georgia

4. FEI Number
58-2494339

Applied For
Not Applicable

Zip
30092

Country
USA

Zip
30092

Country
USA

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

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. 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

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SOUTHEAST CAPITAL, LLC
1200 ABERNATHY ROAD, SUITE 1700
ATLANTA, GA 30328** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HIGHLAND HEALTHCARE CAPITAL, LLC
1200 ABERNATHY ROAD, SUITE 1700
ATLANTA, GA 30328** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5445 Triangle Parkway, Suite 260
Norcross, GA 30092** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5445 Triangle Parkway, Suite 260
Norcross, GA 30092** ☒ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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 *member* *4/28/05*
770 1453-8011