

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90132 001 ***150.00

DOCUMENT # M99000001859

1. Entity Name
FIVE STAR HEALTHCARE PROPERTIES, LLC



Principal Place of Business
**5445 TRIANGLE PARKWAY, STE 260
NORCROSS, GA 30092**

Mailing Address
**5445 TRIANGLE PARKWAY, STE 260
~~SUITE 1700~~
NORCROSS, GA 30092**

30006173



04132006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2494339

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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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

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SOUTHEAST CAPITAL, LLC
STREET ADDRESS	5445 TRIANGLE PARKWAY, STE 260
CITY-ST-ZIP	NORCROSS, GA 30092
TITLE	MGRM
NAME	HIGHLAND HEALTHCARE CAPITAL, LLC
STREET ADDRESS	5445 TRIANGLE PARKWAY, STE 260
CITY-ST-ZIP	NORCROSS, GA 30092
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/13/06 *managing member R. Munk*
770 1457-8011