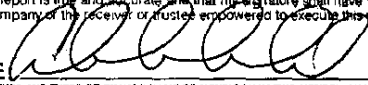


FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90323 005 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M99000001859		
1. Entity Name FIVE STAR HEALTHCARE PROPERTIES, LLC		
Principal Place of Business 400 PERIMETER CENTER TERRACE STE 650 ATLANTA, GA 30346		Mailing Address 400 PERIMETER CENTER TERRACE STE 650 ATLANTA, GA 30346
2. Principal Place of Business 1200 Abernathy Road Suite, Apt. #, etc. Suite 1700 City & State Atlanta, GA Zip 30328 Country USA		3. Mailing Address 1200 Abernathy Road Suite, Apt. #, etc. Suite 1700 City & State Atlanta, GA Zip 30328 Country USA
		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 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 fee if applicable (NOTE: Registered Agent's signature required when registering) DATE		
FILE NOW! FEE IS \$10.00 Make Check Payable to Florida Department of State Due By: May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOUTHEAST CAPITAL, LLC 400 PERIMETER CENTER TERRACE, #650 ATLANTA, GA 30346 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 1200 Abernathy Road Suite 1700 Atlanta, GA 30328 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGHLAND HEALTHCARE CAPITAL, LLC 400 PERIMETER CENTER TERRACE, #650 ATLANTA, GA 30346 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 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
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
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 of 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		7/8/03 (770) 551-837 Date Daytime Phone #

CR2E083 (10/02)

Attachment



CENTENNIAL
HEALTHCARE

90141920

#199000001859

July 9, 2003

Uniform Business Report
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314-6478

**RE: Five Star Healthcare Properties, LLC
2003 Uniform Business Report (UBR)**

Dear Sir or Madam:

Enclosed please find a completed 2003 Limited Liability Company Uniform Business Report (UBR) and a check in the amount of \$50.00 representing the filing fees for the above referenced entity.

If you have any questions or need additional information please contact me at (770) 730-1110 or via email at kmassiah@centennialhc.com. Thank you for your assistance with this matter.

Sincerely,

Kenyetta Massiah
Regulatory Affairs Coordinator

Enclosures

cc: Tracey C. Cosby
Lisa Bennett