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

90141920

1. Entity Name
FIVE STAR HEALTHCARE PROPERTIES, LLC

Principal Place of Business	Mailing Address
400 PERIMETER CENTER TERRACE STE 650 ATLANTA, GA 30346	400 PERIMETER CENTER TERRACE STE 650 ATLANTA, GA 30346

2. Principal Place of Business	3. Mailing Address
1200 Abernathy Road	1200 Abernathy Road
Suite, Apt. #, etc.: Suite 1700	Suite, Apt. #, etc.: Suite 1700
City & State: Atlanta, GA	City & State: Atlanta, GA
Zip: 30328 Country: USA	Zip: 30328 Country: USA

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

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	☑ Change ☐ Addition 1200 Abernathy Road Suite 1700 Atlanta, GA 30328
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	☑ Change ☐ Addition 1200 Abernathy Road Suite 1700 Atlanta, GA 30328
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CR2E083 (10/02)

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] 7/8/03 (770) 551-8137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment

90141920

#M19000001859

CENTENNIAL HEALTHCARE

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