## **2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005378

Entity Name: THP ST. ISABEL NOTE, LLC

**Current Principal Place of Business:** 

400 WEST ILLINOIS AVE., SUITE 950

MIDLAND, TX 79701

**Current Mailing Address:** 

607 E BLANCO ROAD BOX 656 BOERNE, TX 78006 US

FEI Number: 45-3787663

Certificate of Status Desired: No

FILED Feb 06, 2014

**Secretary of State** 

CC9882505205

Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **Authorized Person(s) Detail:**

Title MGR

Name TRIDENT HEALTHCARE PROPERTIES

I. L.P.

Address 400 WEST ILLINOIS AVE., SUITE 950

City-State-Zip: MIDLAND TX 79701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARGARET KUHSTOSS

Electronic Signature of Signing Authorized Person(s) Detail

ACCOUNTANT

02/06/2014

Date