

James JayCee  
Form 3/A  
April 10, 2009

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
James JayCee		(Month/Day/Year)	CapitalSource Healthcare REIT [CHR]	
(Last)	(First)	(Middle)	04/10/2009	
9298 SVL BOX		4. Relationship of Reporting Person(s) to Issuer		
(Street)		(Check all applicable)		
VICTORVILLE, CA 92395		<input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other (give title below)    (specify below)		
(City)	(State)	(Zip)	Majority Holder	
		5. If Amendment, Date Original Filed(Month/Day/Year)		
		04/10/2009		
		6. Individual or Joint/Group Filing(Check Applicable Line)		
		<input checked="" type="checkbox"/> Form filed by One Reporting Person		
		<input type="checkbox"/> Form filed by More than One Reporting Person		

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Preferred <sup>(1)</sup> <sub>(2)</sub>	5,000,000	D	^
Common <sup>(1)</sup> <sub>(2)</sub>	42,105,000	D	^

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	--	---	---	--

Edgar Filing: James JayCee - Form 3/A

Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
------------------	-----------------	-------	----------------------------	----------	---------------------------------------

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
James JayCee 9298 SVL BOX VICTORVILLE, CA 92395		X		Majority Holder

## Signatures

JayCee James	04/10/2009
**Signature of Reporting Person	Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(b)(v).
  - \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Establishment of the c discriminatory share price, the reporting owner has determined to issue as previously filed in the SEC Form 3, 5,000,000 shares preferred stock upon the completion of Capital Source healthcare (CHR) corporate restructuring notwithstanding all like industry comparable share structures and share prices.
- (2) Establishment of the Capital Source healthcare discriminatory share price, the reporting owner has amended it's Form 3 as previously filed in the SEC Form 3, to 42,105,000 shares Common stock upon the completion of Capital Source healthcare (CHR) corporate restructuring notwithstanding all like industry comparable share structures and share prices.

### Remarks:

Control may be deemed to exist as permitted under 13d-4 of SEC 34 I A expressly declare that any

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.