

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000007664 1. Entity Name SOUTH TAMPA MEDICAL INVESTMENTS, LLC	
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Principal Place of Business 214 KEAP STREET BROOKLYN, NY 11211	Mailing Address 3928 PREMIER NORTH DRIVE TAMPA, FL 33618
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-LLC	CR2E083 (11/06)
4. FEI Number 59-3722197	Applied Fee Not Applicable
5. Certificate of Status Entered <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COMLINK REAL ESTATE SERVICES, L.C.
3928 PREMIER NORTH DRIVE
TAMPA, FL 33624

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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 in printed area of registration report and 1097-99971006 2007L (Mechanical Based algorithm removed when registering) 0/07

Filing Fee to \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSZ, JUDITH 214 KEAP ST BROOKLYN, NY 11211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEFKOWITZ, MORRIS 670 BEDFORD AVENUE BROOKLYN, NY 11211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEFKOWITZ, EDWARD 6511 11TH AVE BROOKLYN, NY 11218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHACKYER, ROBERT 1070 50TH ST BROOKLYN, NY 11219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLD, HARRY 1745 45TH ST BROOKLYN, NY 11219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEFKOWITZ, JACOB 125 TAYLOR ST BROOKLYN, NY 11211

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U00000669832
03/27/07-80087-020 55.00

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 609, Florida Statutes.

SIGNATURE: *Judy Grosz* *Manager* *2/27/07*