

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009605

Entity Name: MV PROPERTIES, LLC

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

C/O TAMPA ORTHOPEDIC & SPORTS MEDICINE
602 SOUTH HOWARD AVENUE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

C/O TAMPA ORTHOPEDIC & SPORTS MEDICINE
602 SOUTH HOWARD AVENUE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 01-0685124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENNEWEIN, JONATHAN P
101 EAST KENNEDY BOULEVARD, SUITE 3700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MURPHY, DANIEL E MD
Address: 4215 SYLVAN RAMBLE STREET
City-St-Zip: TAMPA, FL 33609

Title: MGRM (X) Delete
Name: VIZZI, PETER D MD
Address: 108 DEBRA ANN CIRCLE
City-St-Zip: LAFAYETTE, LA 70503

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MURPHY, DANIEL E MD
Address: 4215 SYLVAN RAMBLE STREET
City-St-Zip: TAMPA, FL 33609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DANIEL E MURPHY MD MGRM 01/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date