

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019066

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: CADUCEUS PROPERTIES, LLC

**Current Principal Place of Business:**

1401 CENTERVILLE ROAD, SUITE 300  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1401 CENTERVILLE ROAD, SUITE 300  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 03-0519350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CUFFE, MARK J M.D.  
1401 CENTERVILLE ROAD, SUITE 300  
TALLAHASSEE, FL 32308 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: MTC ENTERPRISES, LLC,  
Address: 3595 MOSSEY CREEK LANE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: MGR ( ) Delete  
Name: CM GETAWAY, LLC,  
Address: 2894 HANNON HILL PA.M  
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGR ( ) Delete  
Name: HEALTH VENTURES PAIN, MGNT.,LLC  
Address: 1401 CENTERVILLE RD ,BOX 210  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR ( ) Delete  
Name: VTM, LLC,  
Address: 3081 OBRIAN DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR ( ) Delete  
Name: SOLAR ASSETS ,LLC,  
Address: 1826 ATLANTIS PLACE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR ( ) Delete  
Name: RACoon LOVE, LLC,  
Address: 464 SUDOETH AVE  
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CM GETAWAY, LLC

MGR

03/31/2009

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