2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051495

City-St-Zip:

SANIBEL, FL 33957

Entity Name: 1635 MEDICAL LANE LLC

FILED Sep 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1342 COLONIAL BLVD D-27 1635 MEDICAL LANE FORT MYERS, FL 33957 FORT MYERS, FL 33907 **Current Mailing Address: New Mailing Address:** 1342 COLONIAL BLVD D-27 309 SE 4TH PLACE FORT MYERS, FL 33957 CAPE CORAL, FL 33990 FEI Number: 26-0212271 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HENNING, RHONDA HENNING, RHONDA 1342 COLONIAL BLVD D-27 1635 MEDÍCAL LANE US FORT MYERS, FL 33957 FORT MYERS, FL 33907 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: 09/16/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete RAYEM LLC, Name: Name: Address: 5213 LITTLE CEDAR LN Address: City-St-Zip: WEST BEND, WI 53095 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SMITH, MICHAEL Name: Address: 309 SE 4TH PLACE Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MEYERS FAMILY INVEST, MENT LLC Name: Name: Address: 505 KINZIE ISLAND COURT Address: City-St-Zip: SANIBEL, FL 33957 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition YOUNG MOSNEY HOLDING, S LLC Name: Name: Address: P.O. BOX 1550 Address:

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.

City-St-Zip:

SIGNATURE: RHONDA HERNNING RA 09/16/2008