

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051495

Entity Name: 1635 MEDICAL LANE LLC

FILED  
Sep 16, 2008  
Secretary of State

**Current Principal Place of Business:**

1342 COLONIAL BLVD D-27  
FORT MYERS, FL 33957

**New Principal Place of Business:**

1635 MEDICAL LANE  
FORT MYERS, FL 33907

**Current Mailing Address:**

1342 COLONIAL BLVD D-27  
FORT MYERS, FL 33957

**New Mailing Address:**

309 SE 4TH PLACE  
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:**

HENNING, RHONDA  
1342 COLONIAL BLVD D-27  
FORT MYERS, FL 33957      US

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

HENNING, RHONDA  
1635 MEDICAL LANE  
FORT MYERS, FL 33907      US

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:**

Title: MGRM      ( ) Delete  
Name: RAYEM LLC,  
Address: 5213 LITTLE CEDAR LN  
City-St-Zip: WEST BEND, WI 53095

Title: MGRM      ( ) Delete  
Name: SMITH, MICHAEL  
Address: 309 SE 4TH PLACE  
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM      ( ) Delete  
Name: MEYERS FAMILY INVEST, MENT LLC  
Address: 505 KINZIE ISLAND COURT  
City-St-Zip: SANIBEL, FL 33957

Title: MGRM      ( ) Delete  
Name: YOUNG MOSNEY HOLDING, S LLC  
Address: P.O. BOX 1550  
City-St-Zip: SANIBEL, FL 33957

**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:

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: RHONDA HERNNING

RA

09/16/2008

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