2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051495

Address:

City-St-Zip:

P.O. BOX 1550

SANIBEL, FL 33957

Entity Name: 1635 MEDICAL LANE LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1635 MEDICAL LANE FORT MYERS, FL 33907 **Current Mailing Address: 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 () Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition 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 INVESTMENT 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 HOLDINGS LLC Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL SMITH MGRM 04/30/2009