

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# L07000111011

Entity Name: 441 OFFICE PARTNERS, LLC

Current Principal Place of Business:

3347 STATE ROAD 7
SUITE 203
WELLINGTON, FL 33449 US

New Principal Place of Business:

Current Mailing Address:

3347 STATE ROAD 7
SUITE 203
WELLINGTON, FL 33449 US

New Mailing Address:

FEI Number: 26-1357218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGRM () Delete
Name: VEDERE, AMARNATH M.D.
Address: 3347 STATE ROAD 7 SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM () Delete
Name: FOUCAULD, JEAN M.D.
Address: 3347 STATE ROAD 7 SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM () Delete
Name: VENUGOPAL, CHANDRA M.D.
Address: 3347 STATE ROAD 7 SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM () Delete
Name: SHAH, NEERAV M.D.
Address: 3347 STATE ROAD 7 SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM () Delete
Name: MELHADO, MAURICIO M.D.
Address: 3347 STATE ROAD 7 SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

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:

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: AMARNATH VEDERE, M.D.

MGRM

03/02/2009

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