

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000017432 1. Entity Name COMNET MEDICAL PROPERTIES, L.L.C.	
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Principal Place of Business 1900 NACORPORATE BLVD. SUITE 102 WEST BOCA RATON, FL 33431	Mailing Address 1900 NACORPORATE BLVD. SUITE 102 WEST BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



03232005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1144407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ZUKER, HARRY 1900 NW CORPORATE BLVD. SUITE 102 WEST BOCA RATON, FL 33431
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZUKER, HARRY 1900 NW CORPORATE BLVD, #102W BOCA RATON, FL 33431
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04/02/05-80056-010 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/02/05 561-999-0006