


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90295 034 ***150.00

DOCUMENT # L01000017432	
1. Entity Name COMNET MEDICAL PROPERTIES, L.L.C.	

Principal Place of Business 1900 NW CORPORATE BLVD. SUITE 102 WEST BOCA RATON FL 33431	Mailing Address 1900 NW CORPORATE BLVD. SUITE 102 WEST BOCA RATON FL 33431
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2. Principal Place of Business 1800 N. FEDERAL HWY SUITE, Apt. #, etc. B205 City & State BOCA RATON, FL Zip 33431 Country FLORIDA	3. Mailing Address → SAME Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E083 (10/05)

4. FEI Number 65-1144407	Applied For <input type="checkbox"/> 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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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

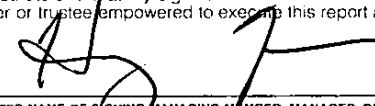
8 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZUKER, HARRY 1900 NW CORPORATE BLVD, #102W BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS chg only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **3/3/06** **501/999-0006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #