

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000093159

**FILED**  
**Jan 22, 2007**  
**Secretary of State**

**Entity Name:** SOUTHLAND MEDICAL REPRESENTATIVES LLC

**Current Principal Place of Business:**

3837 NORTHDAL BLVD  
SUITE 304  
TAMPA, FL 33624 US

**New Principal Place of Business:**

**Current Mailing Address:**

3837 NORTHDAL BLVD  
SUITE 304  
TAMPA, FL 33624 US

**New Mailing Address:**

**FEI Number:** 20-3506873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONSOUR, MARK R  
5331 WINHAWK WAY  
LUTZ, FL 33558 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: MGR ( ) Delete  
Name: AVENTURE PARTNERS LL, C  
Address: 3837 NORTHDAL BLVD  
City-St-Zip: TAMPA, FL 33624 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK MONSOUR

VP

01/22/2007

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