2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000015724

1. Entity Name
AESCULAPIAN MANAGEMENT COMPANY, LLC

Principal Place of Business	Mailing Address
943 S. BENEVA ROAD SUITE 306 SARASOTA, FL 34232	943 S. BENEVA ROAD SUITE 306 SARASOTA, FL 34232

DO NOT WRITE IN THIS SPACE

04162007No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3744992
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SIMON, GEOFFREY G
943 S. BENEVA ROAD, STE. 306
SARASOTA, FL 34232

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

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	STEELE, JOHN M
STREET ADDRESS	943 S BENEVA RD # 204
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	MGRM
NAME	HOLLEN, CHARLES R
STREET ADDRESS	3333 CUTTLEMEN ROAD
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	MGRM
NAME	QUARLES, PETER R
STREET ADDRESS	921 S BENEVA RD
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	MGRM
NAME	SOUSSOU, ISSAM
STREET ADDRESS	3333 CUTLEMEN RD
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	MGRM
NAME	POWELL, RANDY
STREET ADDRESS	921 S BENEVA RD
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	MGR
NAME	SIMON, GEOFFREY G
STREET ADDRESS	943 S BENEVA RD # 306
CITY-ST-ZIP	SARASOTA, FL 34232

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05/18/07-80113-005 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ John Steele 4.24.07 941-955-1108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #