
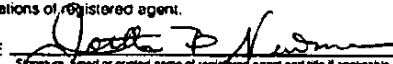



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

04-30-2008 90057 001 ***718.75

DOCUMENT # L07000018595			
1. Entity Name 1403 MEDICAL PLAZA DRIVE, LLC			
Principal Place of Business 901 DOUGLAS AVENUE, SUITE 205 ALTAMONTE SPRINGS, FL 32714		Mailing Address 901 DOUGLAS AVENUE, SUITE 205 ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business - No P.O. Box # 219 Spanish Oak Trail Suite, Apt. #, etc. 219 S		3. Mailing Address P.O. Box 951873 Suite, Apt. #, etc.	
City & State Longwood, FL		City & State Lake Mary, FL	
Zip 32779 Country USA		Zip 32745-1873 Country USA	
6. Name and Address of Current Registered Agent NEWMAN, WILLIE B 901 DOUGLAS AVENUE, SUITE 205 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name Joetta B. Newman Street Address (P.O. Box Number is Not Acceptable) 219 Spanish Oak Trail City Longwood FL Zip Code 32779	
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.		Joetta B Newman 4/28/08 (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEWMAN, WILLIE B 901 DOUGLAS AVENUE, SUITE 205 ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Manager Joetta B Newman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 219 Spanish Oak Trail Longwood, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gen Partner Managing Member Courtney B Newman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 584 Windsor Street, SW Atlanta, GA 30312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gen Partner Managing Member William C. Newman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 219 Spanish Oak Trail Longwood, FL 32779
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
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
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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Joetta B. Newman 4/28/08 407-222-1602 Date Daytime Phone #	

30007812



03282008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

ATTACHMENT

30007812

219 Spanish Oak Trail
Longwood, Florida 32779
June 21, 2008

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

To Whom It May Concern:

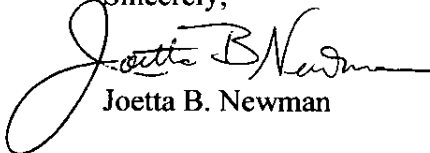
I am returning the corrected 2008 limited liability annual reports for the following documents:

L07000018697 – 104 Sycamore Court, LLC,
L07000018583 – 106 Sycamore Court, LLC,
L07000018586 – 108 Sycamore Court, LLC,
L07000018584 – 110 Sycamore Court, LLC,
and L07000018595 – 1403 Medical Plaza Drive, LLC.

Per a telephone conversation at 3:30pm today, with someone from your office, I have changed the titles of all parties to either manager or managing partner. The corrections are in red on the original forms. Hopefully, this will satisfy your requirements and the reports may now be filled in a timely manner.

Thank you for your help.

Sincerely,


Joetta B. Newman