

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # A06000000796

1. Entity Name
6140 MEDICAL CENTER, L.L.P.



Principal Place of Business

6140 S.W. 70TH STREET
SECOND FLOOR
MIAMI, FL 33143

Mailing Address

6140 S.W. 70TH STREET
SECOND FLOOR
MIAMI, FL 33143



01042008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2650423

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GREEN, MITCHELL F
4000 HOLLYWOOD BLVD. SUITE 485-S
HOLLYWOOD, FL 33021

**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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP
BRAND, BARRY
6140 S.W. 70TH STREET
MIAMI, FL 33143

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP
LANOFF, ROBERT
6140 S.W. 70TH STREET
MIAMI, FL 33143

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP
ROSEN, SETH
6140 S.W. 70TH STREET
MIAMI, FL 33143

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP
ROSENKRANZ, NEIL
6140 S.W. 70TH STREET
MIAMI, FL 33143

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/10/08

305-665-7523

STAPLE CHECK HERE