FILED 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT** Mar 07, 2005 08:00 AM **Secretary of State** DOCUMENT # L0000003779 1. Entity Name MURSE PROPERTIES, L.L.C. Principal Place of Business Mailing Address 6650 SOUTH TAMIAMI TR 6650 SOUTH TAMIAMI TR SARASOTA, FL 34231 SARASOTA, FL 34231 03042005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1007077 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DRAKE, J. KEVIN ESQ DO NOT WRITE DOOLEY & DRAKE, P.A. 1432 FIRST STREET IN THIS SPACE SARASOTA, FL 34236 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 reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$50.00

Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS TITLE MGR MURSE, JOHN R NAME STREET ADDRESS 6650 SOUTH TAMIAMI TR CITY-ST-ZIP SARASOTA, FL 34231 TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000254935 03/07/05-80092-024 50.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

> SIGNATURE AND TYP BER, OR AUTHORIZED REPRESENTATIVE ED NAME OF SIGN ÉD OR PR