

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jul 26, 2007
Secretary of State**

DOCUMENT# L00000015541

Entity Name: COX TORRES REAL ESTATE PARTNERSHIP LLC

Current Principal Place of Business:

596 OCOEE COMMERCE PARKWAY
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

596 OCOEE COMMERCE PARKWAY
OCOEE, FL 34761

New Mailing Address:

FEI Number: 59-3680826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TORRES, JOSE A. D.
7546 PARK SPRINGS CIRCLE
ORLANDO, FL 32835 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: COX, W. KEVIN M.D.
Address: 17311 MAGNOLIA ISLAND BLVD
City-St-Zip: CLERMONT, FL 34711

Title: MGR () Delete
Name: TORRES, JOSE A M.D.
Address: 7546 PARK SPRINGS CIRCLE
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOSE A. TORRES, M.D.

MGR

07/26/2007

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