

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015541

FILED
Jan 08, 2008
Secretary of State

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 ()

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: W. KEVIN COX, M.D.

MGR

01/08/2008

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