2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2009
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 ( )**

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 03/11/2009

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