

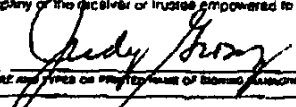
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CIMLINK REAL ESTATE SERVI

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90025 036 *****55.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000007664			
1. Entity Name SOUTH TAMPA MEDICAL INVESTMENTS, LLC			
Principal Place of Business 214 KEAP STREET BROOKLYN, NY 11211		Mailing Address 3928 PREMIER NORTH DRIVE TAMPA, FL 33618	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FID Number 59-3722197		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00		Additional Fee Requested	
6. Name and Address of Current Registered Agent CIMLINK REAL ESTATE SERVICES, L.C. 3928 PREMIER NORTH DRIVE TAMPA, FL 33624 33618		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 need not be printed name of registered agent and not applicable. (NOTE: Registered Agent's signature required when representing)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSZ, JUDITH 214 KEAP ST BROOKLYN, NY 11211 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEFKOWITZ, MORRIS 570 BRADFORD BLVD BROOKLYN, NY 11211 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEFKOWITZ, EDWARD 5518 18TH AVE BROOKLYN, NY 11219 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHACHTER, ROBERT 1670 60TH ST BROOKLYN, NY 11219 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLD, HARRY 1745 45TH ST BROOKLYN, NY 11219 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEFKOWITZ, JACOB 125 TAYLOR ST BROOKLYN, NY 11211 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 director or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		3/24/05 718-522-6500	
SIGNATURE AND TYPE OR PRINTED NAME OF FORMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			