2007 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Feb 01, 2007 08:00 AM **DOCUMENT # L01000011657 Secretary of State** CATTLERIDGE MEDICAL PARTNERS, L.L.C. Principal Place of Business Mailing Address 2201 CANTU COURT, SUITE 104 2201 CANTU COURT, SUITE 104 SARASOTA, FL 34232 SARASOTA, FL 34232 01052007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3746062 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STARLING, FRED M DO NOT WRITE 2201 CANTU COURT, SUITE 104 SARASOTA, FL 34232 IN THIS SPACE 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. Stonature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling) Filing Fee is \$50.00 Due by May 1, 2007 U00000616239 <u>/07/07-80020-017-50_00</u> MANAGING MEMBERS/MANAGERS 9. MGRM MLE CATTLERIDGE DEVELOPMENT CORP. NAME STREET ADDRESS 2201 CANTU COURT, SUITE 104 CITY-ST-ZIP SARASOTA, FL 34232 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY -ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS CDY-ST-7IP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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: HING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED NAME OF Fred M Starling

NAME STREET ADDRESS CITY-ST-ZIP