2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L01000013714

1. Entity Name LR MEDICAL PROPERTIES, L.L.C.



FILED Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business

PO BOX 1329 SARASOTA, FL 34230 Mailing Address

PO BOX 1329 SARASOTA, FL 34230



04112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0335150

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGINNESS, W. LEE 1800 SECOND STREET, SUITE 971 SARASOTA, FL 34236

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San Park State

 The above named entity submits this statement for the purpose of cha the obligations of registered agent. 	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and ac	ept
SIGNATURE Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Filling Fee is \$50.00		U00000738815	

Due by May 1, 2007

DS/11/07-80083-003 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM GREENSTREET, INC. 1924 SOUTH OSPREY AVENUE, STE. 200 SARASOTA, FL 34239
NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filling 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 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:

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE