2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000017432

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

Principal Place of Business	Mailing Address
1900 NW CORPORATE BLVD. SUITE 102 WEST BOCA RATON, FL 33431	1900 NW CORPORATE BLVD. SUITE 102 WEST BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

03232005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1144407
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ZUKER, HARRY
1900 NW CORPORATE BLVD.
SUITE 102 WEST
BOCA RATON, FL 33431

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	ZUKER, HARRY
STREET ADDRESS	1900 NW CORPORATE BLVD, #102W
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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04/02/05-80056-010 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 3/29/05 561-999-0006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #