


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90457 009 ****50.00

DOCUMENT # L01000017476 1. Entity Name MEMORIAL NEUROLOGICAL BUILDING, L.L.C.					
Principal Place of Business 3599 UNIVERSITY BLVD. SOUTH SAMUEL WELLS COMPLEX UNIT 601 JACKSONVILLE FL 32216			Mailing Address % AURELIO A. MUZAURIETA 2221 SEGOVIA AVENUE JACKSONVILLE FL 32217		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3749713	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MUZAURIETA, AURELIO A 2221 SEGOVIA AVENUE JACKSONVILLE FL 32217			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 <i>M. Myan</i>			DATE 4-13-04		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		DATE
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MUZAURIETA, AURELIO A	NAME			
STREET ADDRESS	2221 SEGOVIA AVENUE	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32217	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAQUERA, VICTOR A	NAME			
STREET ADDRESS	1730 WALTON LAKE COURT	STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL 32073	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAM, NORAN H	NAME			
STREET ADDRESS	7759 DEERWOOD POINT PLACE	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32256	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GLENN, POHLMAN	NAME			
STREET ADDRESS	653 NELSON DR	STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL 32073	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>M. Myan</i>			DATE: 4-13-04		DAYTIME PHONE #: (904) 631-2667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #