2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

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1. Entity Name
MEMORIAL NEUROLOGICAL BUILDING, L.L.C.

Principal Place of Business	Mailing Address
3599 UNIVERSITY BLVD. SOUTH SAMUEL WELLS COMPLEX UNIT 601 JACKSONVILLE, FL 32216	% AURELIO A. MUZAURIETA 2221 SEGOVIA AVENUE JACKSONVILLE, FL 32217

02032005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3749713
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MUZAURIETA, AURELIO A
2221 SEGOVIA AVENUE
JACKSONVILLE, FL 32217

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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: Aurelio A. Muzaurieta II — 2-7-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MUZAURIETA, AURELIO A
STREET ADDRESS	2221 SEGOVIA AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	MGRM
NAME	MAQUERA, VICTOR A
STREET ADDRESS	1730 WALTON LAKE COURT
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	MGRM
NAME	WILLIAM, NORAN H
STREET ADDRESS	7759 DEERWOOD POINT PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	MGRM
NAME	GLENN, POHLMAN
STREET ADDRESS	653 NELSON DR
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/17/05-80031-024 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: — 2/7/05 (904) 399-8411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #