


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L02000001181 1. Entity Name MEDICAL PROPERTIES, L.L.C.	
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Principal Place of Business 4881 NW 8TH AVE SUITE 2 GAINESVILLE, FL 32605	Mailing Address 4881 NW 8TH AVE SUITE 2 GAINESVILLE, FL 32605
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DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC CR2E083 (10/03)

4. FEI Number 26-0056891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KRUEGER, SCOTT DAVID 2750 NW 43RD ST SUITE 201 GAINESVILLE, FL 32606	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

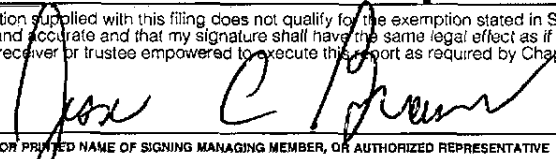
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANNEN, JESSE 4881 NW 8TH AVE STE 2 GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEPAZ, OSCAR 4881 NW 8TH AVE STE 2 GAINESVILLE, FL 32605
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03/17/05-80065-013 50.00

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IN THIS SPACE**

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:  **3/15/05 (352) 373-4321**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #