

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012418

FILED
May 22, 2004
Secretary of State

Entity Name: GS MED PLEX SUPER HOLDINGS LLC

Current Principal Place of Business:

2255 GLADES ROAD
SUITE 324A
BOCA RATON, FL 33431

New Principal Place of Business:

1601 FORUM PLACE
SUITE 410
WEST PALM BEACH, FL 33401

Current Mailing Address:

P.O. BOX 810264
BOCA RATON, FL 33481

New Mailing Address:

FEI Number: 02-0613501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACKS, GEORGE
4110 N.W. 24TH AVE.
BOCA RATON, FL 33431

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GEORGE SACKS TRUST,
Address: 4110 NW 24TH AVENUE
City-St-Zip: BOCA RATON, FL 33431

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: CHRISTOPHER & MARY G, RACE SACKS TRU S T
Address: 4110 BW 24TH AVENUE
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Change (X) Addition
Name: AM TRUST,
Address: P.O. BOX 810264
City-St-Zip: BOCA RATON, FL 33481 02

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GEORGE SACKS

MGR

05/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date