

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000018968

1. Entity Name

TUCSON II MOB INVESTORS LLC



Principal Place of Business

THE DASCO COMPANIES LLC
3399 PGA BLVD. SUITE 240
PALM BEACH GARDENS, FL 33410

Mailing Address

THE DASCO COMPANIES LLC
3399 PGA BLVD. SUITE 240
PALM BEACH GARDENS, FL 33410



01162004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1641424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

U000000145623
05/03/04-80033-018 \$5.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALP-LADRUH PARTNERSHIP, LTD.
STREET ADDRESS	512 E. WASHINGTON ST., SUITE 200
CITY- ST- ZIP	ORLANDO, FL 32801
TITLE	MGRM
NAME	SINA, MALCOLM
STREET ADDRESS	3399 PGA BLVD., STE 240
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33410
TITLE	MGRM
NAME	GALGANO, JAMES
STREET ADDRESS	3399 PGA BLVD., STE 240
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #