

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023874

FILED
Mar 25, 2009
Secretary of State

Entity Name: LINDER SIBLINGS, L.L.C.

Current Principal Place of Business:

108 WOODCREEK DRIVE SOUTH
SAFETY HARBOR, FL 346955511

New Principal Place of Business:

108 WOODCREEK DRIVE SOUTH
SAFETY HARBOR, FL 346955511 US

Current Mailing Address:

108 WOODCREEK DRIVE SOUTH
SAFETY HARBOR, FL 346955511

New Mailing Address:

108 WOODCREEK DRIVE SOUTH
SAFETY HARBOR, FL 346955511 US

FEI Number: 42-1550659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT ST., STE. 102
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

LINDER, OWEN MD
108 WOODCREEK DR S.
SAFETY HARBOR, FL 34695 US

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: OWEN LINDER, MD

03/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LINDER, OWEN M.D.
Address: 108 WOODCREEK DRIVE SOUTH
City-St-Zip: SAFETY HARBOR, FL 346955511

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LINDER, OWEN M.D.
Address: 108 WOODCREEK DRIVE SOUTH
City-St-Zip: SAFETY HARBOR, FL 346955511 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: OWEN LINDER, MD

MGR

03/25/2009

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