


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90033 025 \*\*\*\*50.00

DOCUMENT # L02000025805					
1. Entity Name <b>TAMPA MEDICAL PROPERTIES II, LLC</b>					
Principal Place of Business 4703 N. ARMENIA AVENUE TAMPA, FL 33603			Mailing Address 4703 N. ARMENIA AVENUE TAMPA, FL 33603		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUGG, JOSEPH W 100 SOUTH ASHLEY DRIVE, SUITE 1500 TAMPA, FL 33602			Name <b>American Information Services, Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>401 E. Jackson St. Suite 1700</b> City <b>Tampa</b> FL Zip Code <b>33602</b>		
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 <u>Joseph Rugg</u> DATE <u>4/25/06</u> <small>Signature, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARI, RODOLFO JR 4703 N. ARMENIA AVENUE TAMPA, FL 33603 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Scott Lowe 4726 N. Habana Ave Suite 204 Tampa FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Mike Doyle 4726 N. Habana Ave Suite 204 Tampa FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Scott Lowe</u> DATE <u>4/25/06</u> DAYTIME PHONE # <u>813 569-6500</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					