

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016982

FILED  
Jul 08, 2008  
Secretary of State

**Entity Name:** INNOVATIVE HEALTH CARE PROPERTIES, II, LLC

**Current Principal Place of Business:**

2333 HANSEN LANE, SUITE 4  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

2333 HANSEN LANE, SUITE 4  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 65-1187255

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARVEY, DEWAYNE  
2009 APALACHEE PKWY #106  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

HARVEY, DEWAYNE  
2333 HANSEN LANE, SUITE 4  
TALLAHASSEE, FL 32301 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:

07/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HARVEY, DEWAYNE  
Address: 2009 APALACHEE PKWY #106  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HARVEY, DEWAYNE  
Address: 2333 HANSEN LANE, SUITE 4  
City-St-Zip: TALLAHASSEE, FL 32301

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: DEWAYNE HARVEY

CEO

07/08/2008

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