

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033787

FILED
Mar 21, 2009
Secretary of State

Entity Name: LJI HALLANDALE SURGICAL GP, L.L.C.

Current Principal Place of Business:

C/O LANCE J. LEHMANN
306 E. HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

329 GRANELLO AVENUE
CORAL GABLES, FL 33146

New Mailing Address:

420 S. DIXIE HIGHWAY
4B
CORAL GABLES, FL 33146

FEI Number: 20-0244416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES REGISTERED AGENTS, INC.
329 GRANELLO AVENUE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

UNITED STATES REGISTERED AGENTS, INC.
420 S. DIXIE HIGHWAY
4B
CORAL GABLES, FL 33146 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: _____

03/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEHMANN, LANCE J
Address: 1270 HATTERAS LANE
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES:

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

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: LANCE LEHMANN

MGR

03/21/2009

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