

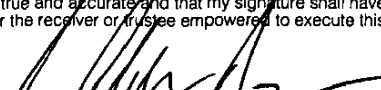


FILED
May 01, 2006 8:00 am
Secretary of State

20041153

DOCUMENT # L03000038803				Secretary of State 05-01-2006 90073 048 ****50.00	
1. Entity Name LAKE BENNET MEDICAL CENTRE DEVELOPERS II, L.L.C.					
Principal Place of Business 11140 WEST COLONIAL DRIVE, SUITE 1 OCOE, FL 34761		Mailing Address 11140 WEST COLONIAL DRIVE, SUITE 1 OCOE, FL 34761			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		20041153  04192006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20-0335091 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BUSWELL-CHARKOW, DON 11140 WEST COLONIAL DRIVE, SUITE 1 OCOE, FL 34761		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BUSWELL-CHARKOW, DON 11140 WEST COLONIAL DRIVE, SUITE 1 OCOE, FL 34761	<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"/> Change <input type="checkbox"/> Addition			
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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: 		4/26/06 407-425-5200 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					