

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038803

FILED
Aug 11, 2009
Secretary of State

Entity Name: LAKE BENNET MEDICAL CENTRE DEVELOPERS II, L.L.C.

Current Principal Place of Business:

11140 WEST COLONIAL DRIVE, SUITE 1
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

11140 WEST COLONIAL DRIVE, SUITE 1
OCOE, FL 34761

New Mailing Address:

FEI Number: 20-0335091 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BUSWELL-CHARKOW, DON
11140 WEST COLONIAL DRIVE, SUITE 1
OCOE, FL 34761 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUSWELL-CHARKOW, DON
Address: 11140 WEST COLONIAL DRIVE, SUITE 1
City-St-Zip: OCOE, FL 34761

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: DON BUSWELL-CHARKOW

MGRM

08/11/2009

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