2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000044141

1. Entity Name
MEDICAL BUILDING, LLC

Principal Place of Business	Mailing Address
1242 WEST PORTILLO DR DELTONA, FL 32725	1242 WEST PORTILLO DR DELTONA, FL 32725

DO NOT WRITE IN THIS SPACE

01312008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-0390245	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TRACEY, MARK F
305 CLYDE MORRIS BLVD STE 220
ORMOND BEACH, FL 32174

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IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000838942
03/05/08-80049-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TRACEY, MARK F
STREET ADDRESS	305 CLYDE MORRIS BLVD STE 220
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

TITLE	MGR
NAME	GUERRIAN, JOHN
STREET ADDRESS	5106 MAJESTIC WOODS PLACE
CITY-ST-ZIP	SANFORD, FL 32771

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____   2-15-08   (386)527-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #