

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 22, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000045972

1. Entity Name
DELAND MEDICAL OFFICE BUILDING, LLC



Principal Place of Business

1025 N. STONE STREET
SUITE B
DELAND, FL 32720 US

Mailing Address

1025 N. STONE STREET
SUITE B
DELAND, FL 32720 US



04262006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2885377

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RANDOLPH, ANDREW J
1025 N. STONE STREET
SUITE B
DELAND, FL 32724

**DO NOT WRITE
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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	RANDOLPH, ANDREW J
STREET ADDRESS	1025 N. STONE STREET, SUITE B
CITY-ST-ZIP	DELAND, FL 32720
TITLE	VP
NAME	RANDOLPH, ANA ROSA
STREET ADDRESS	1025 N STONE STREET, SUITE B
CITY-ST-ZIP	DELAND, FL 32720
TITLE	S
NAME	RANDOLPH, ANDREW J
STREET ADDRESS	1025 N STONE STREET, SUITE B
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000565711
05/22/06-80008-021 50.00

~~U00000565711
05/19/06-80022-006 45.00~~

**DO NOT WRITE
IN THIS SPACE**

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 808, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(Pres. del.)
Andrew J. Randolph Andrew J Randolph 4/29/06 386-234-4453