

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 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



05012008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2885377	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fec 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

Andrew J. Randolph (President) *Andrew J. Randolph* 4/30/08
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**

U000000847359

06/02/08-80011-005 143.75

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	

**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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Andrew J. Randolph *Andrew J. Randolph* 4/30/08 386-734-4453