2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2005
Secretary of State

DOCUMENT# L03000051355

Entity Name: PRIMARY CARE PROPERTIES, LLC

Current Principal Place of Business:

2091 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

%DAVID HOLMES-FARR, FARR, EMERICH
POST OFFICE DRAWER 511447
PUNTA GORDA, FL 339511447

New Mailing Address:

%DAVID HOLMES-FARR, FARR, EMERICH
99 NESBIT STREET
PUNTA GORDA, FL 33950

FEI Number: 65-1052826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

HOLMES, DAVID A ESQ
FARR, FARR, EMERICH, ET AL
99 NESBIT ST
PUNTA GORDA, FL 339503636 US

Name and Address of New Registered Agent:

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: MGR ( ) Delete
Name: MEMON, TANWEER
Address: 2091 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33948

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 for the exemption stated in Section 119.07(3)(i), 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: TANWEER MEMON MGR 09/06/2005

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