


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90251 033 ****50.00

DOCUMENT # L03000051355 1. Entity Name PRIMARY CARE PROPERTIES, LLC					
Principal Place of Business 2091 TAMiami TRAIL PORT CHARLOTTE, FL 33948			Mailing Address %DAVID HOLMES-FARR, FARR, EMERICH 99 NESBIT STREET PUNTA GORDA, FL 33950		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02222007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 65-1052826				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLMES, DAVID A ESQ FARR, FARR, EMERICH, ET AL 99 NESBIT ST PUNTA GORDA, FL 33950-3636				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEMON, TANWEER 2091 TAMiami TRAIL PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				4/30/07 1940625-9491 <small>Date Daytime Phone #</small>	