

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90054 040 ****50.00

DOCUMENT # L03000055030

1. Entity Name
**UROLOGY ASSOCIATES OF GAINESVILLE REAL
ESTATE, LLC**



Principal Place of Business
**6440 W. NEWBERRY ROAD, SUITE 409
GAINESVILLE, FL 32605**

Mailing Address
**6440 W. NEWBERRY ROAD, SUITE 409
GAINESVILLE, FL 32605**

2. Principal Place of Business
1179 NW 64TH TERRACE
Suite, Apt. #, etc.

3. Mailing Address
1179 NW 64TH TERRACE
Suite, Apt. #, etc.



01112006 Chg-LLC CR2E083 (11/05)

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

4. FEI Number
20-0519401

Applied For
Not Applicable

Zip
32605

Country

Zip
32605

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, J. DEREK
6440 W. NEWBERRY ROAD, SUITE 409
GAINESVILLE, FL 32605

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

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
THOMPSON, J. DEREK
6440 W. NEWBERRY ROAD, SUITE 409
GAINESVILLE, FL 32605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1179 NW 64TH TERRACE
GAINESVILLE, FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RIFKIN, MARTIN N
6440 W. NEWBERRY ROAD, SUITE 409
GAINESVILLE, FL 32605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1179 NW 64TH TERRACE
GAINESVILLE, FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: X

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

Date

Daytime Phone #

3/16/06