

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055408

FILED
Apr 08, 2009
Secretary of State

Entity Name: SOUTH BAY MEDICAL EQUIPMENT LEASING, L.L.C.

Current Principal Place of Business:

4051 UPPER CREEK DRIVE, SUITE 111
SUN CITY CENTER, FL 33573

New Principal Place of Business:

4051 UPPER CREEK DRIVE
SUITE 111
SUN CITY CENTER, FL 33573

Current Mailing Address:

4051 UPPER CREEK DRIVE, SUITE 111
SUN CITY CENTER, FL 33573

New Mailing Address:

4051 UPPER CREEK DRIVE
SUITE 111
SUN CITY CENTER, FL 33573

FEI Number: 27-0085274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LLAMAS, GEORGINA V
4051 UPPER CREEK DRIVE, SUITE 111
SUN CITY CENTER, FL 33573 US

Name and Address of New Registered Agent:

LLAMAS, GEORGINA V
4051 UPPER CREEK DRIVE
SUITE 111
SUN CITY CENTER, FL 33573 US

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:

04/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VALENCIA, CHRISTOPHER L
Address: 4051 UPPER CREEK DRIVE, SUITE 111
City-St-Zip: SUN CITY CENTER, FL 33573

Title: MGRM () Delete
Name: VALENCIA, ATHENA L
Address: 4051 UPPER CREEK DRIVE, SUITE 111
City-St-Zip: SUN CITY CENTER, FL 33573

Title: MGRM () Delete
Name: LARDIZABAL, EDWIN H
Address: 4051 UPPER CREEK DRIVE, SUITE 111
City-St-Zip: SUN CITY CENTER, FL 33573

Title: MGRM () Delete
Name: VALENCIA, FELIX B
Address: 4051 UPPER CREEK DRIVE, SUITE 111
City-St-Zip: SUN CITY CENTER, FL 33573

Title: MGRM () Delete
Name: LLAMAS, GEORGINA V
Address: 4051 UPPER CREEK DRIVE, SUITE 111
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GVL

MGRM

04/08/2009

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