

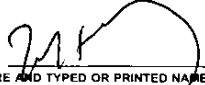


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90019 024 ****50.00

DOCUMENT # L04000022557 1. Entity Name ORMOND MEDICAL BUILDING, LLC					
Principal Place of Business 305 CLYDE MORRIS BLVD SUITE 220 ORMOND BEACH, FL 32174 US			Mailing Address 305 CLYDE MORRIS BLVD SUITE 220 ORMOND BEACH, FL 32174 US		
2. Principal Place of Business - No P.O. Box # 1242 W. Portillo Dr.		3. Mailing Address 1242 W. Portillo Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Deltona, FL.		City & State Deltona, FL.			
Zip 32725		Country US		01142007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 90-0153507		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRACEY, MARK F MR. 305 CLYDE MORRIS BLVD SUITE 220 ORMOND BEACH, FL 32174		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 TRACEY, MARK 1242 W PORTILLO DRIVE DELTONA, FL 32725	<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	MGR LOWER, GREGORY 305 CLYDE MORRIS BLVD, STE 200 ORMOND BEACH, FL 32174	<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	MGR TRACEY, DAVID 1248 VISCAYA PARKWAY CAPE CORAL, FL 33991	<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	MGR GUERRINA, JOHN 1913 EDGEBROOK CIRCLE #105 SANFORD, FL 32771	<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	MGR SIGAFOOS, LARRY 290 GALA CIRCLE DAYTONA BEACH, FL 32124	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 				1-16-07 (386) 507-2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	