

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 23 AM 10:03

DOCUMENT # L04000038959					
1. Entity Name RANDOLPH MEDICAL BUILDING, LLC					
Principal Place of Business 1891 BEACH BOULEVARD, SUITE 200 JACKSONVILLE, FL 32250			Mailing Address 1891 BEACH BOULEVARD, SUITE 200 JACKSONVILLE, FL 32250		
2. Principal Place of Business 1891 Beach Blvd.		3. Mailing Address 1891 Beach Blvd.			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			
City & State Jacksonville Beach, FL		City & State Jacksonville Beach, FL		09212005 Chg-LLC CR2E083 (10/03)	
Zip 32250		Country USA		4. FEI Number 83-0411014	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent RANDOLPH, CLEVELAND W JR 1891 BEACH BOULEVARD, SUITE 200 JACKSONVILLE, FL 32250			7. Name and Address of New Registered Agent		
			Name Randolph, Cleveland W Jr.		
			Street Address (P.O. Box Number is Not Acceptable) 1891 Beach Blvd., Suite 200		
			City Jacksonville Beach		FL
			Zip Code 32250		
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 <i>Cleveland W. Randolph Jr.</i>		DATE 9-21-05		(NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERNSTEIN, ROSALIA M 1891 BEACH BLVD. STE. 200 JACKSONVILLE, FL 32250	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Randolph, Cleveland W Jr. 1891 Beach Blvd., Suite 200 Jacksonville Beach, FL 32250	<input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300059902513 09/23/05--01054--005 **200.00	<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
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
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
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Cleveland W. Randolph, Jr. Manager</i>		Cleveland W. Randolph, Jr., Manager		9/21/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	