


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000051432 1. Entity Name MEDLAW INVESTMENTS, LLC	
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Principal Place of Business 1718 MAIN STREET, SUITE 204 SARASOTA, FL 34236	Mailing Address 1718 MAIN STREET, SUITE 204 SARASOTA, FL 34236
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DO NOT WRITE IN THIS SPACE



01142008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1370959	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 LPS CORPORATE SERVICES, INC. 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000788698
01/18/08-80054-001 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HASKINS, MARK A 1718 MAIN STREET, SUITE 204 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LUMPKIN, DOUGLAS B 1718 MAIN STREET, SUITE 204 SARASOTA, FL 34236
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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:  **1/14/08 (941) 366-4200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #