

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

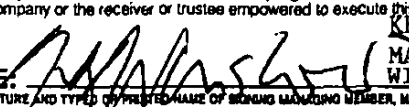
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L04000069847 1. Entity Name 12007 RISING OAKS DRIVE EAST LLC					
Principal Place of Business 225 WATER STREET, SUITE 1800 JACKSONVILLE, FL 32202			Mailing Address PO BOX 53315 JACKSONVILLE, FL 32201-3315		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH HULSEY & BUSEY 225 WATER STREET, SUITE 1800 JACKSONVILLE, FL 32202			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, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WINSLOW PROPERTIES LLC 225 WATER STREET, SUITE 1800 JACKSONVILLE, FL 32202 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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11. I hereby certify that the information supplied on 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: 			KEVIN L. WINSLOW, M.D. MANAGING MEMBER OF WINSLOW PROPERTIES LLC		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE			Date _____ Daytime Phone # (904) 399-5620		