


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90273 041 ****50.00

DOCUMENT # L04000074237

1. Entity Name
CENTER OF MEDICAL EXCELLENCE JACARANDA POINTE, LLC



Principal Place of Business
216 BAYSHORE CIRCLE
VENICE, FL 34285

Mailing Address
216 BAYSHORE CIRCLE
VENICE, FL 34285

2. Principal Place of Business - No P.O. Box #
8421 POINTE LOOP DR

3. Mailing Address
8421 POINTE LOOP DR

Suite, Apt. #, etc.

City & State
VENICE, FL

City & State
VENICE, FL

Zip
34293

Country
SARASOTA

Zip
34293

Country
SARASOTA



02082007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

KHAN, TARIQ J
216 BAYSHORE CIRCLE
VENICE, FL 34285

4. FEI Number
20-1977680

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

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 MGR	KHAN, JAFFER J <input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 704 PETREL WAY	VENICE, FL 34292	STREET ADDRESS CITY-ST-ZIP	8421 POINTE LOOP DR. VENICE, FL 34293
TITLE MGR	KHAN, TARIQ J <input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 216 BAYSHORE CIRCLE	VENICE, FL 34285	STREET ADDRESS CITY-ST-ZIP	8421 POINTE LOOP DR. VENICE, FL 34293
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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: JJ **PRESIDENT** **2.14.07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #