

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085299

FILED
Mar 04, 2008
Secretary of State

Entity Name: A.F. BRAVO MEDICAL BUILDING, LLC

Current Principal Place of Business:

220 WEST TROPICAL WAY
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

220 WEST TROPICAL WAY
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 20-2312806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHN, ALAN B
100 W. CYPRESS CREEK ROAD, STE. 700
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FERNANDEZ-BRAVO, ALBERTO
Address: 220 W TROPICAL WAY
City-St-Zip: PLANTATION, FL 33317

Title: MGRM () Delete
Name: FERNANDEZ-BRAVO, TERESITA
Address: 220 W TROPICAL WAY
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NANCY FERNANDEZ-BRAVO

MGR

03/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date