

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087617

FILED
Apr 11, 2007
Secretary of State

Entity Name: MOSAIC PARTNERS, LLC

Current Principal Place of Business:

1530 LEE BLVD., SUITE 2300
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

1530 LEE BLVD., SUITE 2300
LEHIGH ACRES, FL 33936

New Mailing Address:

FEI Number: 47-0948602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRATHMAN, ROBERT G
1530 LEE BOULEVARD
SUITE 2300
LEHIGH ACRES, FL 33936 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: FOOT & ANKLE REAL ES, TATE, LLC
Address: 5238 MASON CORBIN COURT, #102
City-St-Zip: FT. MYERS, FL 33907

Title: MGRM () Delete
Name: GROSS, MICHAEL P M.D.
Address: 1530 LEE BLVD., SUITE 2200
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM () Delete
Name: RICHARDSON, WILLIAM W MS., DO
Address: 1530 LEE BLVD., SUITE 2350
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM () Delete
Name: SAGER, STEVEN B DO
Address: 13685 DOCTOR'S WAY, SUITE 350
City-St-Zip: FT. MYERS, FL 33912

Title: MGRM () Delete
Name: STRATHMAN, ROBERT M.D.
Address: 1530 LEE BLVD., SUITE 2300
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM () Delete
Name: LBL REAL ESTATE, LLC,
Address: 1530 LEE BLVD., SUITE 2400
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES:

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

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

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

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

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 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: ROBERT STRATHMAN MD

MGRM

04/11/2007

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