2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

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Entity Name: MACON MEDICAL PROPERTIES, LLC

Current Principal Place of Business:

1767 LAKEWOOD RANCH BLVD., #292
BRADENTON, FL 34211 US

New Principal Place of Business:

3639 CORTEZ ROAD WEST
SUITE 220
BRADENTON, FL 34210 US

Current Mailing Address:

1767 LAKEWOOD RANCH BLVD., #292
BRADENTON, FL 34211 US

New Mailing Address:

3639 CORTEZ ROAD WEST
SUITE 220
BRADENTON, FL 34210 US

FEI Number: 13-4291312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 342057734 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: CAMBRA DEVELOPMENT,, LP
Address: P.O. BOX 292
City-St-Zip: SONORA, CA 95370 US

Title: MGRM ( ) Delete
Name: THE FRAZIER 1996 REV, OCABLE TRUST
Address: 18760 CHABROUILLAUD LANE
City-St-Zip: JAMESTOWN, CA 95327

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CAMBRA DEVELOPMENT,, LP
Address: PO BOX 292
City-St-Zip: SONORA, CA 95370 US

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: JERRY CAMBRA MGR 01/21/2009

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