

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000012492

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** 661 GOODLETTE MEDICAL BUILDING, LLC

**Current Principal Place of Business:**

661 GOODLETTE ROAD NORTH  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

661 GOODLETTE ROAD NORTH  
NAPLES, FL 34102 US

**New Mailing Address:**

**FEI Number:** 20-2375643

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEEPLES, C. PERRY ESQ.  
C/O GARLICK, STETLER & PEEPLES, LLP  
5551 RIDGEWOOD DRIVE, SUITE 101  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

ROUGRAFF, PAUL  
122 CARICA ROAD  
NAPLES, FL 34108 US

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: PAUL ROUGRAFF

02/23/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROUGRAFF, PAUL  
Address: 122 CARICA ROAD  
City-St-Zip: NAPLES, FL 341082627

I hereby 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: PAUL ROUGRAFF

MGRM

02/23/2011

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