


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # L05000034155	
1. Entity Name FLEMING ISLAND MEDICAL PLAZA II, LLC	

Principal Place of Business 1689 EAGLE HARBOR PARKWAY ORANGE PARK, FL 32003	Mailing Address 1689 EAGLE HARBOR PARKWAY ORANGE PARK, FL 32003
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04042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 76-0789301	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BRANT, ABRAHAM, REITER, MCCORMICK & GREENE, P 50 NORTH LAURA STREET STE 2750 JACKSONVILLE, FL 32202

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GATIEN, LIONEL J PD 1689 EAGLE HARBOR PKY EAST STE A ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASHCHI, MAJDI MGR 1689 EAGLE HARBOR PKY SUITE A ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILITELLO, JAMES MGR 1689 EAGLE HARBOR PKY EAST ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAM, MURES MGR 1689 EAGLE HARBOR PKY STE A ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KHATIB, YAZAN MGR 1689 EAGLE HARBOR PKY STE A ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FARES, JOSEPH MGR 1689 EAGLE HARBOR PKY EAST STE A ORANGE PARK, FL 32003

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04/17/07-80013-017 50.00

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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 606, Florida Statutes.

SIGNATURE: 	Date 4-3-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	