

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034210

FILED
Apr 29, 2009
Secretary of State

Entity Name: MEDPARK DEVELOPMENT - BIG BEND, LLC

Current Principal Place of Business:

334 EAST LAKE RD BOX 261
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

334 EAST LAKE RD
BOX 261
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 20-2593740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHN, VANESSA N ESQ.
2 HARBOR PL
302 KNIGHTS RUN AVE STE 1100
TAMPA, FL 33602 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: MGR () Delete
Name: REIBER, TYLER MGR
Address: BOX 261, 334 EAST LAKE RD
City-St-Zip: PALM HARBOR, FL 34685

Title: MGR () Delete
Name: BOROSH, KERRY MGR
Address: BOX 261, 334 EAST LAKE RD
City-St-Zip: PALM HARBOR, FL 34685

Title: MGR () Delete
Name: ABDONEY ENTERPRISES, LTD
Address: BOX 261, 334 EAST LAKE RD
City-St-Zip: PALM HARBOR, FL 34685

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:

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: KERRY BOROSH

MGRM

04/29/2009

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