2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# L05000045730

Entity Name: CF PULMONARY REAL ESTATE LLC

Current Principal Place of Business:

1109 EAST RIDGEWOOD STREET
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1109 EAST RIDGEWOOD STREET
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 20-2831638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAIM, DANIEL
1109 EAST RIDGEWOOD STREET
ORLANDO, FL 32803 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:	P	( ) Delete
Name:	HAIM, DANIEL	
Address:	326 N. MILLS AVE.	
City-St-Zip:	ORLANDO, FL 32803	
Title:	VP	( ) Delete
Name:	LAYISH, DANIEL T	
Address:	326 N. MILLS AVE.	
City-St-Zip:	ORLANDO, FL 32803	
Title:	VP	( ) Delete
Name:	CALIMANO, FRANSISCO	
Address:	326 N. MILLS AVE.	
City-St-Zip:	ORLANDO, FL 32803	
Title:	VP	( ) Delete
Name:	REMY, FRANSISCO S	
Address:	326 N. MILLS AVE/	
City-St-Zip:	ORLANDO, FL 32803	
Title:	VP	( ) Delete
Name:	MASOOD, AHMED	
Address:	326 N. MILLS AVENUE	
City-St-Zip:	ORLANDO, FL 32803	
Title:	VP	( ) Delete
Name:	ROSCADO, ARIOSTO E	
Address:	326 NORTH MILLS AVE	
City-St-Zip:	ORLANDO, FL 32803	

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
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	GO, EUGENE	
Address:	326 NORTH MILLS AVE	
City-St-Zip:	ORLANDO, FL 32803	

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: DANIEL HAIM P 01/13/2009

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