

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053533

FILED  
May 18, 2008  
Secretary of State

Entity Name: MACDILL MEDICAL BUILDING, LLC

**Current Principal Place of Business:**

8905 BAYAUD DR  
TAMPA, FL 33626

**New Principal Place of Business:**

507 S MACDILL AVE  
TAMPA, FL 336609

**Current Mailing Address:**

8905 BAYAUD DR  
TAMPA, FL 33626

**New Mailing Address:**

507 S MACDILL AVE  
TAMPA, FL 336609

FEI Number: 20-2926750      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

KENNY, KEVIN M ESQ.  
SAXON, GILMORE, CARRAWAY, ET AL P.A.  
201 E. KENNEDY BLVD., SUITE 600  
TAMPA, FL 33602 US

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

SUNEETH, PATWARI  
507 S MACDILL AVE  
TAMPA, FL 33609 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: SUNEETH PATWARI

05/18/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PATWARI, SUNEETH M.D.  
Address: 8905 BAYAUD DR  
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: PATWARI, SUNEETH M.D.  
Address: 507 S MACDILL AVE  
City-St-Zip: TAMPA, FL 33609

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: SUNEETH PATWARI

P

05/18/2008

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