2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060263

Title:

Name:

Address:

City-St-Zip:

() Delete

Entity Name: EXETER PROPERTIES, L.L.C.

FILED Jan 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8850 NW 20 STREET MIAMI, FL 33172 **Current Mailing Address: New Mailing Address:** 3020 NW 82 AVENUE MIAMI, FL 33122 FEI Number: 20-3330369 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OTERO, JORGE E ESQ. BOURLAND, CHARLES R MGR C/O OTERO & ASSOCIATES, P.A. 3020 NW 82 AVENUE 75 VALENCIA AVE., SECOND FLOOR MIAMI, FL 33122 CORAL GABLES, FL 33134 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: CHARLES R BOURLAND 01/10/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BOURLAND, CHARLES R III Name: Name: 5851 S.W. 94TH STREET Address: Address: PINECREST, FL 33156 City-St-Zip: City-St-Zip: Title: MGR () Delete Title: () Change () Addition WEINSTEIN, ALAN Name: Name: Address: 204 PINES LAKE DRIVE EAST Address: City-St-Zip: **WAYNE, NJ 07470** City-St-Zip: Title: MGR () Delete Title: () Change () Addition URIBE, JOHN M.D. Name: Name: 3311 SOUTH MOORING WAY Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: HECHTMAN, KEITH M.D. Name: 13821 SW 97 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: MGR () Delete Title: () Change () Addition BADIA, ALEJANDRO M.D. Name: Name: 1278 SOUTH VENETIAN WAY Address: Address: City-St-Zip: MIAMI, FL 33139 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

() Change (X) Addition

KEENAN, MARYELLEN

16 DAILY STREET NUTLEY, NJ 07110

SIGNATURE: CHARLES R BOURLAND MGR 01/10/2007