



FILED  
Mar 21, 2006 8:00 am  
Secretary of State

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02-16-2006 90144 049 \*\*\*150.00

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L05000063531</b>					
1. Entity Name <b>GAINESVILLE PEDIATRIC REAL ESTATE PARTNERS, LLC</b>					
Principal Place of Business <b>6440 WEST NEWBERRY ROAD, STE. 402 GAINESVILLE, FL 32605</b>			Mailing Address <b>6440 WEST NEWBERRY ROAD, STE. 402 GAINESVILLE, FL 32605</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. EEI Number <b>20-3080933</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MCGINTY, A. EDWARD 101 E. KENNEDY BLVD., STE. 2800 TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent Name <b>WYATT, MICHAEL D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6440 WEST NEWBERRY ROAD, SUITE 402</b> City <b>GAINESVILLE</b> FL Zip Code <b>32605</b>	
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 _____ DATE _____ <small>Signature, typed in printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when completing)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 605, Florida Statutes.					
SIGNATURE: 			2/1/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

30002796





ATTACHMENT  
3000 2796

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2006

GAINESVILLE PEDIATRIC REAL ESTATE PARTNERS, LLC  
6440 WEST NEWBERRY ROAD, STE. 402  
GAINESVILLE, FL 32605

Subject: **GAINESVILLE PEDIATRIC REAL ESTATE PARTNERS, LLC**

Reference Number: **L05000063531**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION