2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2006
Secretary of State

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Entity Name: SRA/TAMARAC MEDICAL PLAZA, LLC

Current Principal Place of Business:

C/O WHITE & CASE LLP
200 SOUTH BISCAYNE BOULEVARD, SUITE 4900
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O WHITE & CASE LLP
200 SOUTH BISCAYNE BOULEVARD, SUITE 4900
MIAMI, FL 33131

New Mailing Address:

C/O SAVITAR INC
5345 PINE TREE DRIVE
MIAMI BEACH, FL 33140

FEI Number: 20-3057569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

GRAGG, K. LAWRENCE
C/O WHITE & CASE LLP
200 SOUTH BISCAYNE BOULEVARD, SUITE 4900
MIAMI, FL 33131 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P ( ) Change (X) Addition
Name: STEIN, CLIFFORD
Address: 5345 PINE TREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

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.

SIGNATURE: CLIFFORD STEIN P 07/06/2006

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