


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90036 028 ****50.00

DOCUMENT # L05000098442	
1. Entity Name MILLENNIA MEDICAL PARTNERS I, LLC	

Principal Place of Business 3095 HIGHWAY A1A MELBOURNE BEACH, FL 32951	Mailing Address P.O. BOX 510758 MELBOURNE BEACH, FL 32951
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60041273



2. Principal Place of Business - No P.O. Box # 95 Pine Tree Drive	3. Mailing Address Suite, Apt. #, etc.
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03062007 Chg-LLC CR2E083 (12/06)

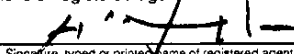
City & State Indialantic, FL	City & State Suite, Apt. #, etc.
Zip 32903	Country USA

4. FEI Number 20-4717150	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent TOLLMANN, WILLIAM M 3095 HIGHWAY A1A MELBOURNE BEACH, FL 32951	
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7. Name and Address of New Registered Agent Name Tollmann, William M. Street Address (P.O. Box Number is Not Acceptable) 95 Pine Tree Drive City Indialantic FL Zip Code 32903	
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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 April 17, 2007

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TOLLMANN, WILLIAM M 3095 HIGHWAY A1A MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mgr. Tollmann, William M. 95 Pine Tree Drive Indialantic, FL 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 608, Florida Statutes.

SIGNATURE: 	William M. Tollmann	April 17, 2007	321-984-7543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #