2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102283

ROANOKE, VA 24018 US

City-St-Zip:

Entity Name: MEDICAL REAL ESTATE ASSOCIATES LLC

FILED Jul 24, 2008 Secretary of State

Current P	rincipal Place of Business:	New Principal P	New Principal Place of Business:	
	EPLECHASE DRIVE E, VA 24018 US			
Current M	lailing Address:	New Mailing Ad	New Mailing Address:	
	EPLECHASE DRIVE E, VA 24018 US			
	: 20-3640696 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the limited liability			
Name and	I Address of Current Registered Agent	t: Name and Addre	ess of New Registered Agent:	
33 EAST (SUITE 703 BOCA RA The above	TON, FL 33432 US named entity submits this statement for the of Florida.	the purpose of changing its regi	stered office or registered agent, or both	
SIGNATU	Electronic Signature of Registered	I Agent	Date	
MANAGING MEMBERS/MANAGERS:		-	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete WASHLOCK III, ANDREW 6185 STEEPLECHASE DRIVE ROANOKE, VA 24018 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete IMAM, NAIYER 6185 STEEPLECHASE DRIVE ROANOKE, VA 24018 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MGRM () Delete IMAM, KHURSHEED 6185 STEEPLECHASE DRIVE	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: NAIYER IMAM MGR 07/24/2008