

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

06-15-2006 90098 019 \*\*\*\*50.00

<b>DOCUMENT # L05000122833</b>					
<b>1. Entity Name</b> DREW MEDICAL BUILDING, LLC					
<b>Principal Place of Business</b> 7208 SAND LAKE ROAD, SUITE 300 ORLANDO, FL 32819			<b>Mailing Address</b> 7208 SAND LAKE ROAD, SUITE 300 ORLANDO, FL 32819		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04122006 Chg-LLC CR2E083 (11/05)	
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-4633541	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HARDING, ROBERT L ESQ. 20 NORTH EOLA DRIVE ORLANDO, FL 32801			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reappointing)					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DINKEL, MICHAEL D 7208 SAND LAKE ROAD, SUITE 300 ORLANDO, FL 32819	<input type="checkbox"/> Delete			
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<b>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.</b>			<b>SIGNATURE:</b> _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 6/12/06		
Daytime Phone #: 407-363-6700			...		

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