


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**


04-18-2007 90029 042 \*\*\*\*50.00

<b>DOCUMENT # L05000122833</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>
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2. Principal Place of Business - No P.O. Box # <b>9582 W Colonial Dr</b>	3. Mailing Address <b>9582 W Colonial Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Ocoee, FL</b>	City & State <b>Ocoee, FL</b>
Zip <b>34761</b>	Country
Country	Zip <b>34761</b>

	
03262007 Chg-LLC	CR2E083 (12/06)
4. FEI Number <b>20-4633541</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

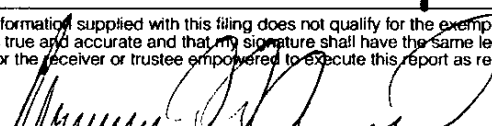
6. Name and Address of Current Registered Agent	
<b>HARDING, ROBERT L ESQ. 20 NORTH EOLA DRIVE ORLANDO, FL 32801</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DINKEL, MICHAEL D 7208 SAND LAKE ROAD, SUITE 300 ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>9582 W Colonial Dr Ocoee, FL 34761</b> <input checked="" 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
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
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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

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: 	Date: <b>4.6.07</b> Daytime Phone #: <b>407.363.6700</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	