


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000008554

1. Entity Name
BAILEY'S DOCTOR PROPERTIES, LLC



Principal Place of Business 4700 NW 132ND STREET MIAMI, FL 33054	Mailing Address 4700 NW 132ND STREET MIAMI, FL 33054
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4194860	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITEBOOK, DANIEL S
 4700 NW 132ND STREET
 MIAMI, FL 33054**

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLODA, STUART 4700 NW 132ND STREET MIAMI, FL 33054
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 01/23/08-80077-023 143.75

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: Stuart Kloda Date: 1/16/08 Daytime Phone #: 305-322-6711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE