


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90176 022 ****50.00

DOCUMENT # L06000014135

1. Entity Name
MIAMI MEDICAL PROPERTIES LLC



Principal Place of Business Mailing Address

~~7500 SOUTHWEST 87TH AVENUE~~ ~~7500 SOUTHWEST 87TH AVENUE~~
~~201~~ ~~201~~
~~MIAMI, FL 33173~~ ~~MIAMI, FL 33173~~ **US**

60030175



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

6141 Sunset Dr. *6141 Sunset Dr.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 501 *Suite 501*
 City & State City & State
South Miami, FL *South Miami, FL*
 Zip Zip Country Country
33143 *33143* *US* *US*

03262007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For

20-5381248 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHELDON, ERIC
~~7500 SOUTHWEST 87TH AVENUE~~
~~201~~
~~MIAMI, FL 33173~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6141 Sunset Dr.

Suite 501

City State Zip Code
South Miami, FL **FL** *33143*

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) _____ DATE _____

Filing Fee is \$50.00 Due by May 1, 2007 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELDON, ERIC	NAME	
STREET ADDRESS	7500 SOUTHWEST 87TH AVENUE, STE 201	STREET ADDRESS	<i>6141 Sunset Dr., Suite 501</i>
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	<i>South Miami, FL 33143</i>
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHON, JAMIE	NAME	
STREET ADDRESS	7500 SOUTHWEST 87TH AVENUE, STE 201	STREET ADDRESS	<i>6141 Sunset Dr., Suite 501</i>
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	<i>South Miami, FL 33143</i>
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHON, ELAINE	NAME	
STREET ADDRESS	7500 SOUTHWEST 87TH AVENUE, STE 201	STREET ADDRESS	<i>6141 Sunset Dr. - Suite 501</i>
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	<i>South Miami, FL 33143</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ *J 26 07* *305-661-6615*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #