


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90107 009 \*\*\*138.75

DOCUMENT # L06000014135

1. Entity Name  
**MIAMI MEDICAL PROPERTIES LLC**



Principal Place of Business      Mailing Address

6141 SUNSET DR      6141 SUNSET DR  
 SUITE 501      SUITE 501  
 MIAMI, FL 33143      MIAMI, FL 33143 US

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

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



02252008    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**      **7. Name and Address of New Registered Agent**

SHELDON, ERIC  
 6141 SUNSET DR  
 SUITE 501  
 MIAMI, FL 33143

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

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

**Make check payable to Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE      MGRM       Delete

NAME      SHELDON, ERIC

STREET ADDRESS      6141 SUNSET DR SUITE 501

CITY-ST-ZIP      MIAMI, FL 33143

TITLE       Change       Addition

NAME      PACHON, JAIME

STREET ADDRESS

CITY-ST-ZIP

TITLE      MGRM       Delete

NAME      PACHON, JAMIE

STREET ADDRESS      6141 SUNSET DR SUITE 501

CITY-ST-ZIP      MIAMI, FL 33143

TITLE       Change       Addition

NAME      PACHON, JAMIE

STREET ADDRESS

CITY-ST-ZIP

TITLE      MGRM       Delete

NAME      PACHON, ELAINE

STREET ADDRESS      6141 SUNSET DR SUITE 501

CITY-ST-ZIP      MIAMI, FL 33143

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Change       Addition

NAME

STREET ADDRESS

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: *Jaime A. Pachon MD*      Date: 2/25/08      Daytime Phone #: 305-661-6615

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