

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042541

FILED
Apr 09, 2007
Secretary of State

Entity Name: MEDICAL CENTER GARAGE, LLC

Current Principal Place of Business:

1400 N. KILLIAN DRIVE
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

1400 N. KILLIAN DRIVE
LAKE PARK, FL 33403

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICE OF JEFFREY L. PETERS, P.L.
1655 PALM BEACH LAKES BOULEVARD
SUITE 900
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TEMERIAN, JOHN S
Address: 1400 N. KILLIAN DRIVE
City-St-Zip: LAKE PARK, FL 33403

Title: MGRM () Delete
Name: TEMERIAN, JOHN J
Address: 1400 N KILLIAN DRIVE
City-St-Zip: LAKE PARK, FL 33403

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: TEMERIAN, JOHN J
Address: 1400 N. KILLIAN DRIVE
City-St-Zip: LAKE PARK, FL 33403

Title: MGRM () Change (X) Addition
Name: TEMERIAN, NANCY J
Address: 1400 N. KILLIAN DRIVE
City-St-Zip: LAKE PARK, FL 33403

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN TEMERIAN

MGRM

04/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date