

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

01-18-2007 90019 025 ****50.00

DOCUMENT # L06000045887			
1. Entity Name ALTAMONTE MEDICAL BUILDING LLC			
Principal Place of Business 312 W FIRST STREET SUITE 300 SANFORD, FL 32771 US		Mailing Address 312 W FIRST STREET SUITE 300 SANFORD, FL 32771 US	
2. Principal Place of Business - No P.O. Box # 1242 W. Portillo Dr.		3. Mailing Address 1242 W. Portillo Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Deltona FL		City & State Deltona FL	
Zip 32725		Zip 32725	
Country US		Country US	
4. FEI Number 20-4810610		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BRANCH, E ROBERT 345 CLYDE MORRIS BLVD SUITE 460 ORMOND BEACH, FL 32174		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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) 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 MORM- Managing Partner	NAME GUERRINA, JOHN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 312 W FIRST ST SUITE 300		STREET ADDRESS	
CITY-ST-ZIP SANFORD, FL 32771		CITY-ST-ZIP	
TITLE MORM- Managing Partner	NAME TRACEY, MARK	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 312 W FIRST ST SUITE 300		STREET ADDRESS	
CITY-ST-ZIP SANFORD, FL 32771		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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:		1-16-07 (386) 507-2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	