


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90063 021 ***138.75

DOCUMENT # L06000049703	
1. Entity Name CENTRAL FLORIDA BUILDING MANAGEMENT, L.L.C.	

Principal Place of Business 3310 S.W. 34TH STREET OCALA, FL 34474	Mailing Address 3310 S.W. 34TH STREET OCALA, FL 34474
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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

60007456

01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number 33-1148650	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GASSMAN, ALAN S 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

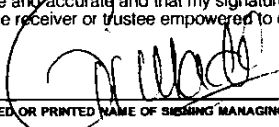
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUMMADI, SIVA S MD <input type="checkbox"/> Delete 3310 SW 34 ST OCALA, FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIHAL, VIJAY K MD <input type="checkbox"/> Delete 3310 SW 34 ST OCALA, FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGR MIHAL, VIJAY K MD 3310 SW 34 ST OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAI, SWAROOP MD <input type="checkbox"/> Delete 3310 SW 34 ST OCALA, FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR DRESEN, William F MD 3310 SW 34 ST OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 	SIVA S. Gummadi, MD	1/16/08	352-873-0707
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SENDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>