2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 23, 2007 8:00 am Secretary of State **DOCUMENT # L06000053927** 04-23-2007 90375 040 ****50.00 COCOHATCHEE RIVER MEDICAL CONDOMINIUM UNIT #3, LLC Principal Place of Business Mailing Address 1656 MEDICAL BLVD. 1656 MEDICAL BLVD. 60039011 301 NAPLES, FL 34110 US NAPLES, FL 34110 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 CR2E083 (12/06) Chg-LLC Applied For 4. FEI Number City & State City & State 20-4927686 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Steven A Meckstroth NAPLES LAWDOCK, INC. Street Address (P.O. Box Number is Not Acceptable) 1395 PANTHER LANE 300 NAPLES, FL 34109 1454 Medical BIVd City Navies 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 gistered agent. SIGNATURE or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change ☐ Addition MGR ☐ Delete TITLE TITLE MECKSROTH, STEVEN A NAME NAME Ste 301 STREET ADDRESS 1656 MEDICAL BLVD. STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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. Q7 SIGNATURE:

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #