

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90375 041 ****50.00

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DOCUMENT # L06000057710 1. Entity Name COCOHATCHEE RIVER MEDICAL CONDOMINIUM UNIT 2 LLC					
Principal Place of Business 1656 MEDICAL BLVD 301 NAPLES, FL 34110 US			Mailing Address 1656 MEDICAL BLVD 301 NAPLES, FL 34110 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		Country		4. FEI Number 20-4988585	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 1395 PANTHER LANE 300 NAPLES, FL 34109				7. Name and Address of New Registered Agent Name <u>Steven A Meckstrath</u> Street Address (P.O. Box Number is Not Acceptable) _____ <u>1656 Medical Blvd Ste 301</u> City <u>Naples</u> <u>FL</u> Zip Code <u>34110</u>	
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 <u>[Signature]</u> <small>Signature of registered agent or printed name of registered agent and title if applicable.</small>				DATE <u>4/21/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete COCOHATCHEE RIVER MEDICAL BUILDING, L.L.C. 1656 MEDICAL BLVD, SUITE 300 NAPLES, FL 34110			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Steven A Meckstrath 1656 Medical Blvd Ste 301 Naples, FL 34110
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
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
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>4/21/07</u> Daytime Phone # <u>239 287 9481</u>	