
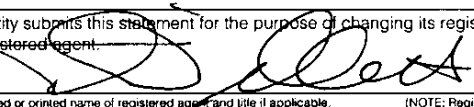
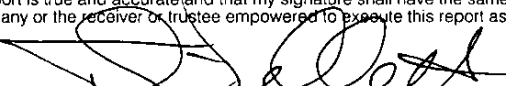


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90117 045 \*\*\*143.75

DOCUMENT # L06000060522					
1. Entity Name <b>SANCHEZ &amp; WILLETT HOLDING, LLC</b>					
Principal Place of Business <b>100 W. KENNEDY BLVD., SUITE 650 TAMPA, FL 33602</b>			Mailing Address <b>100 W. KENNEDY BLVD., SUITE 650 TAMPA, FL 33602</b>		
2. Principal Place of Business - No P.O. Box # <b>412 E. Madison St.</b>		3. Mailing Address <b>412 E. Madison St.</b>			
Suite, Apt. #, etc. <b>Suite 1100</b>		Suite, Apt. #, etc. <b>Suite 1100</b>			
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>			
Zip <b>33602</b>	Country <b>USA</b>	Zip <b>33602</b>	Country <b>USA</b>	01072008    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>20-5037182</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>WILLET, THOMAS K 100 W KENNEDY BLVD TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent Name <b>Willet, Thomas K</b> Street Address (P.O. Box Number is Not Acceptable) <b>412 E. Madison St.</b> <b>Suite 1100</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33602</b>		
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 <b>4/9/08</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLET, THOMAS K 100 W. KENNEDY BLVD., SUITE 650 TAMPA, FL 33602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Willet, Thomas K. 412 E. Madison St, Suite 1100 Tampa, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, ROLANDO R M.D. 100 W. KENNEDY BLVD., SUITE 650 TAMPA, FL 33602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sanchez, Rolando R M.D. 412 E. Madison St, Suite 1100 Tampa, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: 			DATE <b>4/9/08</b> DAYTIME PHONE # <b>813-225-1051</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					