

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063501

FILED  
Mar 06, 2008  
Secretary of State

Entity Name: MONTECITO CARTERSVILLE MOB MANAGEMENT, LLC

**Current Principal Place of Business:**

7785 BAYMEADOWS WAY  
SUITE 200  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

7785 BAYMEADOWS WAY  
SUITE 200  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 20-5088377      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAXWELL, DOUGLAS R  
10739 DEERWOOD PARK BLVD  
SUITE 200A  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

ROGERS, WILLIAM S JR.  
7785 BAYMEADOWS WAY, STE 200  
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: WILLIAM S. ROGERS, JR.

03/06/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CONK, EDWARD W  
Address: 7785 BAYMEADOWS WAY, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR ( ) Delete  
Name: CONK, JOELLYN  
Address: 7785 BAYMEADOWS WAY, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR ( ) Delete  
Name: CONK, CHRISTOPHER  
Address: 7785 BAYMEADOWS WAY, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CONK, EDWARD W  
Address: 820 STATE STREET, STE 303  
City-St-Zip: SANTA BARBARA, CA 93101

Title: MGR (X) Change ( ) Addition  
Name: CONK, JOELLYN  
Address: 820 STATE STREET, STE 303  
City-St-Zip: SANTA BARBARA, CA 93101

Title: MGR (X) Change ( ) Addition  
Name: CONK, CHRISTOPHER  
Address: 820 STATE STREET, STE 303  
City-St-Zip: SANTA BARBARA, CA 93101

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES PORTER

VP

03/06/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date