

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068491

FILED
Jan 22, 2009
Secretary of State

Entity Name: ROYAL OAKS MEDICAL BUILDING LLC

Current Principal Place of Business:

1855 KNOX MCRAE DRIVE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

1855 KNOX MCRAE DRIVE
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 20-5169854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMELIN, GEORGE
45 MCLEOD ST.
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLAHERTY, JOHN
Address: 725 ACORN ST.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGRM () Delete
Name: KINSELLA, ANTHONY
Address: 400 CARPENTER ROAD
City-St-Zip: TITUSVILLE, FL 32796

Title: MGRM () Delete
Name: VAN EATON, LEONARD
Address: 5045 KIRKWOOD TRAIL
City-St-Zip: TITUSVILLE, FL 32780

Title: MGRM () Delete
Name: BREININGER, RONALD E JR.
Address: 4355 N. INDIAN RIVER DRIVE
City-St-Zip: COCOA, FL 32922

Title: MGRM () Delete
Name: TORRES, RODOLFO A JR.
Address: 3863 SOUTH RIDGE CIR.
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANTHONY KINSELLA

PRES

01/22/2009

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