

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000073669

**FILED**  
**Apr 24, 2007**  
**Secretary of State**

**Entity Name:** DOCTORS VILLAGE PARTNERS, LLC

**Current Principal Place of Business:**

P.O. BOX 1975  
PALM VALLEY, FL 32004

**New Principal Place of Business:**

1662 STOCKTON ST  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

P.O. BOX 1975  
PALM VALLEY, FL 32004

**New Mailing Address:**

P.O. BOX 1975  
PONTE VEDRA BEACH, FL 32004

**FEI Number:** 32-0177430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C. WILLIAM CURTIS, III, P.A.  
2107 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207 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: MGR ( ) Delete  
Name: RUBIN, I. MARK  
Address: P.O. BOX 1975  
City-St-Zip: PALM VALLEY, FL 32004

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RUBIN, I. MARK  
Address: P.O. BOX 1975  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

I hereby certify that the information supplied with this filing does not qualify for the 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:** I. MARK RUBIN

MGR

04/24/2007

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