# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 25, 2008**
**Secretary of State**

DOCUMENT# L06000073669

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

**Current Principal Place of Business:**

1662 STOCKTON ST
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

1649 ATLANTIC BLVD
200
JACKSONVILLE, FL 32207

**Current Mailing Address:**

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

**New Mailing Address:**

1649 ATLANTIC BLVD
200
JACKSONVILLE, FL 32207

**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:**

I. MARK RUBIN
1649 ATLANTIC BLVD
200
JACKSONVILLE, FL 32207 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: I. MARK RUBIN 04/25/2008
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

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: I. MARK RUBIN MGRM 04/25/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date