

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081715

FILED  
Apr 25, 2008  
Secretary of State

**Entity Name:** NORTH MEDICAL LAND COMPANY, LLC

**Current Principal Place of Business:**

1400 COLONIAL BLVD  
SUITE 1  
FT. MYERS, FL 33909

**New Principal Place of Business:**

**Current Mailing Address:**

1400 COLONIAL BLVD  
SUITE 1  
FT. MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 65-0082331

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITESMAN, GUY E  
1715 MONROE STREET  
FT. MYERS, FL 33901 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: BIEL, MICHAEL MR  
Address: 1400 COLONIAL BLVD SUITE 1  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BIEL, MICHAEL L  
Address: 1400 COLONIAL BLVD SUITE 1  
City-St-Zip: FORT MYERS, FL 33907

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: MICHAEL L. BIEL

MGR

04/25/2008

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