

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118228

Entity Name: DUCKS SLOUGH, L.L.C.

FILED
Feb 07, 2007
Secretary of State

Current Principal Place of Business:

35095 US HIGHWAY 19 N.
SUITE 202
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

35095 US HIGHWAY 19 N.
SUITE 202
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 75-3228793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DIR () Change (X) Addition
Name: HALE, BRIAN D MD
Address: 35095 US HWY 19N, STE. 202
City-St-Zip: PALM HARBOR, FL 34684

Title: DIR () Change (X) Addition
Name: JACOB, DAVID MD
Address: 35095 US HWY 19N, STE. 202
City-St-Zip: PALM HARBOR, FL 34684

Title: DIR () Change (X) Addition
Name: ARNOLD, PAUL M MD
Address: 35095 US HWY 19N, STE. 202
City-St-Zip: PALM HARBOR, FL 34684

Title: DIR () Change (X) Addition
Name: HALE, CONSTANCE
Address: 35095 US HWY 19N, STE. 202
City-St-Zip: PALM HARBOR, FL 34684

Title: DIR () Change (X) Addition
Name: JACOB, CYNTHIA
Address: 35095 US HWY 19N, STE. 202
City-St-Zip: PALM HARBOR, FL 34684

Title: DIR () Change (X) Addition
Name: ARNOLD, MARYJO
Address: 35095 US HWY 19N, STE. 202
City-St-Zip: PALM HARBOR, FL 34684

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: BRIAN D. HALE, MD

DIR

02/07/2007

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