

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000005960

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

**Entity Name:** GARDENS MEDICAL PAVILION, LLC

**Current Principal Place of Business:**

2801 PGA BLVD, SUITE 220  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

15601 DALLAS PARKWAY  
SUITE 600  
ADDISON, TX 75001

**Current Mailing Address:**

2801 PGA BLVD, SUITE 220  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

15601 DALLAS PARKWAY  
SUITE 600  
ADDISON, TX 75001

**FEI Number:** 11-3802278

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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  
**Name:** BH-AW FLORIDA MOB VENTURE, LLC  
**Address:** 15601 DALLAS PARKWAY, SUITE 600  
**City-St-Zip:** ADDISON, TX 75001

I hereby 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: MALI LIBERTY

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03/25/2011

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