

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015253

Entity Name: 441 MEDICAL PROP LLC

FILED
Jan 17, 2008
Secretary of State

Current Principal Place of Business:

225 PERUVIAN AVENUE
201
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

PO BOX 2465
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 26-0668240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRICIA, WALDMAN
225 PERUVIAN AVENUE
PALM BEACH, FL 33480 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: TRICIA, WALDMAN
Address: 225 PERUVIAN AVE
City-St-Zip: PALM BEACH, FL 33480

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

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PATRICIA WARD WALDMA, N ENTITY TRUST
Address: 225 PERUVIAN AVE
City-St-Zip: PALM BEACH, FL 33480

Title: MGR () Change (X) Addition
Name: JAMES J. WARD III RE, VOCABLE TRUST
Address: 225 PERUVIAN AVENUE, STUITE 201
City-St-Zip: PALM BEACH, FL 33480

Title: MGR () Change (X) Addition
Name: AARON EVERETT WALDMA, N REVOCABLE TR U ST
Address: 225 PERUVIAN AVENUE, SUITE 201
City-St-Zip: PALM BEACH, FL 33480

Title: MGR () Change (X) Addition
Name: EVERETT JAMES WALDMA, N REVOCABLE TR U ST
Address: 225 PERUVIAN AVENUE, SUITE 201
City-St-Zip: PALM BEACH, FL 33480

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: PATRICIA WARD WALDMAN

MGR

01/17/2008

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