2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000018417

1. Entity Name
MEDPARK DEVELOPMENT - SUNCOAST CROSSINGS, LLC

FILED
08 FEB 18 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
PMB #261, 334 EAST LAKE ROAD PALM HARBOR, FL 34685	PMB #261, 334 EAST LAKE ROAD PALM HARBOR, FL 34685

01072008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number — Applied For / X Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHN, VANESSA N 302 KNIGHTS RUN AVENUE, SUITE 1100 TWO HARBOUR PLACE TAMPA, FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MBR ☐ Delete KERRY BOROSH BOX #261 334 EAST LAKE RD PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000785966 01/17/08-20021-019 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MBR ☐ Delete TYLER REIBER BOX #261 334 EAST LAKE RD. PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER ☐ Delete MICHAEL ABDONEY BOX # 261 334 EAST LAKE RD. PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ 1/14/08 (727) 967-7172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #