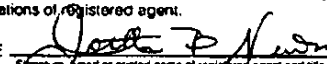


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

04-30-2008 90057 001 ***718.75

DOCUMENT # L07000018595			
1. Entity Name 1403 MEDICAL PLAZA DRIVE, LLC			
Principal Place of Business 901 DOUGLAS AVENUE, SUITE 205 ALTAMONTE SPRINGS, FL 32714		Mailing Address 901 DOUGLAS AVENUE, SUITE 205 ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business - No P.O. Box # 219 Spanish Oak Trail Suite, Apt. #, etc. 219 S		3. Mailing Address P.O. Box 951873 Suite, Apt. #, etc.	
City & State Longwood, FL		City & State Lake Mary, FL	
Zip 32779		Zip 32745-1873	
Country USA		Country USA	
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired X \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent NEWMAN, WILLIE B 901 DOUGLAS AVENUE, SUITE 205 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name: Joetta B. Newman Street Address (P.O. Box Number is Not Acceptable): 219 Spanish Oak Trail City: Longwood, FL Zip Code: 32779	
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:  Signature, typed or printed name of registered agent and title if applicable.		Joetta B. Newman 4/28/08 (NOTE: Registered Agent signature required when reinstating) DATE	
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: MGR NAME: NEWMAN, WILLIE B STREET ADDRESS: 901 DOUGLAS AVENUE, SUITE 205 CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32714 ☒ Delete	TITLE: MGR Manager NAME: Joetta B. Newman STREET ADDRESS: 219 Spanish Oak Trail CITY-ST-ZIP: Longwood, FL 32779 ☒ Change ☐ Addition		
TITLE: ☐ Delete	TITLE: Gen. Partner Managing Member NAME: Courtney B. Newman STREET ADDRESS: 584 Windsor Street, SW CITY-ST-ZIP: Atlanta, GA 30312 ☐ Change ☒ Addition		
TITLE: ☐ Delete	TITLE: Gen. Partner Managing Member NAME: William C. Newman STREET ADDRESS: 219 Spanish Oak Trail CITY-ST-ZIP: Longwood, FL 32779 ☐ Change ☒ Addition		
TITLE: ☐ Delete	TITLE: ☐ Change ☐ Addition		
TITLE: ☐ Delete	TITLE: ☐ Change ☐ Addition		
TITLE: ☐ Delete	TITLE: ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Joetta B. Newman 4/28/08 407-222-1602 Date Daytime Phone #	

30007812



03282008 Chg-LLC CR2E083 (12/06)

ATTACHMENT

30007812

219 Spanish Oak Trail
Longwood, Florida 32779
June 21, 2008

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

To Whom It May Concern:

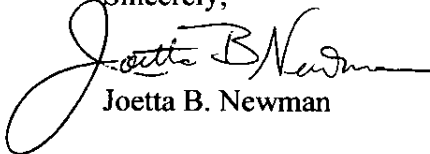
I am returning the corrected 2008 limited liability annual reports for the following documents:

L07000018697 – 104 Sycamore Court, LLC,
L07000018583 – 106 Sycamore Court, LLC,
L07000018586 – 108 Sycamore Court, LLC,
L07000018584 – 110 Sycamore Court, LLC,
and L07000018595 – 1403 Medical Plaza Drive, LLC.

Per a telephone conversation at 3:30pm today, with someone from your office, I have changed the titles of all parties to either manager or managing partner. The corrections are in red on the original forms. Hopefully, this will satisfy your requirements and the reports may now be filled in a timely manner.

Thank you for your help.

Sincerely,


Joetta B. Newman