

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019449

Entity Name: 441 REAL ESTATE LLC

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

PALOMINO PROFESSIONAL BUS. PARK, BLDG. B  
3347 STATE ROAD 7  
WELLINGTON, FL 33467 US

## New Principal Place of Business:

3347 STATE ROAD 7  
SUITE 200  
WELLINGTON, FL 33449 US

## Current Mailing Address:

P O BOX 561  
LOXAHATCHEE, FL 33470 US

## New Mailing Address:

FEI Number: 20-8488860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PALM BEACH MANAGEMENT ASSOCIATES INC  
13005 SOUTHERN BLVD  
SUITE 134  
LOXAHATCHEE, FL 33470 US

## Name and Address of New Registered Agent:

SHARMA, SHEKHAR V MD  
3347 STATE ROAD 7  
SUITE 200  
WELLINGTON, FL 33449 US

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: SHEKHAR V SHARMA, MD

04/16/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SHARMA, SHEKHAR M.D.  
Address: 3347 STATE ROAD 7, BLDG. B  
City-St-Zip: WELLINGTON, FL 33467 US

Title: MGRM ( ) Delete  
Name: BANSAL, RAJENDRA M.D.  
Address: 3347 STATE ROAD 7, BLDG. B  
City-St-Zip: WELLINGTON, FL 33467 US

Title: MGRM ( ) Delete  
Name: HANSEN, ARTHUR D.P.M.  
Address: 3347 STATE ROAD 7, BLDG. B  
City-St-Zip: WELLINGTON, FL 33467 US

Title: MGRM ( ) Delete  
Name: VENUGOPAL, CHANDRA M.D.  
Address: 3347 STATE ROAD 7, BLDG. B  
City-St-Zip: WELLINGTON, FL 33467 US

Title: MGRM ( ) Delete  
Name: VEDERE, AMAR M.D.  
Address: 3347 STATE ROAD 7, BLDG. B  
City-St-Zip: WELLINGTON, FL 33467 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHEKHAR V SHARMA, MD

MGRM

04/16/2009

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