

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019449

Entity Name: 441 REAL ESTATE LLC

FILED
Apr 19, 2011
Secretary of State

Current Principal Place of Business:

3347 STATE ROAD 7
SUITE 200
WELLINGTON, FL 33449 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 561
LOXAHATCHEE, FL 33470 US

New Mailing Address:

3347 STATE ROAD 7
SUITE 200
WELLINGTON, FL 33449 US

FEI Number: 20-8488860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARMA, SHEKHAR V MD
3347 STATE ROAD 7
SUITE 200
WELLINGTON, FL 33449 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: SHARMA, SHEKHAR M.D.
Address: 3347 STATE ROAD 7, BLDG. B
City-St-Zip: WELLINGTON, FL 33467 US

Title: MGRM
Name: GUNAWARDENE, ISHAN M.D.
Address: 3347 STATE ROAD 7, BLDG. B
City-St-Zip: WELLINGTON, FL 33467 US

Title: MGRM
Name: COVEN, ROSS MD
Address: 3347 STATE ROAD 7, BLDG. B
City-St-Zip: WELLINGTON, FL 33467 US

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

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

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: SHEKHAR V SHARMA

MGRM

04/19/2011

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