

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000024790

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: KJP MEDICAL PROPERTIES, LLC

**Current Principal Place of Business:**

3839 COUNTY ROAD 218  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

14011 BEACH BLVD  
JACKSONVILLE, FL 32250

**Current Mailing Address:**

3839 COUNTY ROAD 218  
MIDDLEBURG, FL 32068

**New Mailing Address:**

FEI Number: 26-0204190      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURKHART, JEFF  
3839 COUNTY ROAD 218  
MIDDLEBURG, FL 32068      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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: PORCASE, FREDERIC F  
Address: 2328 SHIPWRECK CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32224

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: FREDERIC F PORCASE

MGR

04/29/2008

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