2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# L07000043503

Entity Name: HEALTHCARE PROPERTIES, LLC

Current Principal Place of Business:

100 WHETSTONE PLACE
308
SAINT AUGUSTINE, FL 32086 US

New Principal Place of Business:

806 SUMMER BAY DRIVE
SAINT AUGUSTINE, FL 32080 US

Current Mailing Address:

100 WHETSTONE PLACE
308
SAINT AUGUSTINE, FL 32086 US

New Mailing Address:

806 SUMMER BAY DRIVE
SAINT AUGUSTINE, FL 32080 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRESGE, KENNETH R CPA
1200 PLANTATION ISLAND DRIVE
230
SAINT AUGUSTINE, FL 32080 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 ( ) Delete
Name: OXFORD, GREGORY E
Address: 806 SUMMER BAY DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: MGRM ( ) Delete
Name: OXFORD, ISABELL G
Address: 806 SUMMER BAY DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: OXFORD, GREGORY E DDS,PHD
Address: 806 SUMMER BAY DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: MGRM (X) Change ( ) Addition
Name: OXFORD, ISABELL G DMD
Address: 806 SUMMER BAY DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

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: GREGORY E. OXFORD PRES 01/08/2008

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