

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 16, 2008 8:00 am
Secretary of State

03-11-2008 90128 022 ***143.75

DOCUMENT # L07000046038	
1. Entity Name STEPHEN W. DUNCAN M.D. BUILDING LLC	

Principal Place of Business 1845 JACLIFF CT TALLAHASSEE FL 32308	Mailing Address 1845 JACLIFF CT TALLAHASSEE FL 32308
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

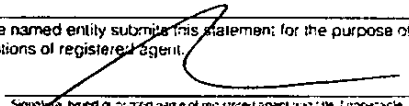


1st MOORE CR2E083 (10/07)

4. FEI Number 200463093		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WATTS, JANE 1261 YEARLING TRAIL TALLAHASSEE FL 32317		7. Name and Address of New Registered Agent Name Stephen Duncan Street Address (P.O. Box Number is Not Acceptable) 4321 Jackson View Drive City Tallahassee FL Zip Code 32303	
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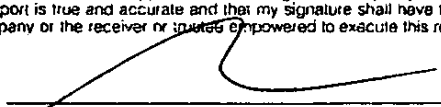
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE _____
Signature is typed or printed name of registered agent or the filer. (NOTE: Registered agent signature required when changing)

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 NAME STREET ADDRESS CITY- ST- ZIP	MGRM DUNCAN, STEPHEN 4321 JACKSON VIEW DR TALLAHASSEE FL 32303 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FIELDS, VERENA 9541 BUCK HAVEN TRAIL TALLAHASSEE FL 32312 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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