

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051443

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** NOVARE-INTOWN TAMPA - 500 NORTH FLORIDA, LLC

**Current Principal Place of Business:**

101 S. FRANKLIN STREET, STE. 101  
TAMPA, FL 33602

**New Principal Place of Business:**

817 WEST PEACHTREE STREET, N.W.  
SUITE 400  
ATLANTA, GA 30308

**Current Mailing Address:**

817 WEST PEACHTREE STREET  
SUITE 400  
ATLANTA, GA 30308

**New Mailing Address:**

101 S. FRANKLIN STREET  
SUITE 101  
TAMPA, FL 33602

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

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

GARDNER, J. STEPHEN  
101 S. FRANKLIN STREET, STE. 101  
TAMPA, FL 33602 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: MGR ( ) Delete  
Name: NOVARE TAMPA DEVELOPMENT, LLC  
Address: 817 WEST PEACHTREE STREET, SUITE 400  
City-St-Zip: ATLANTA, GA 30308

**ADDITIONS/CHANGES:**

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: JAMES R. BORDERS

MGR

04/28/2009

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