2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L07000090814 03-21-2008 90119 005 ***138.75 D & D MEDICAL BUILDING ASSOCIATES, LLC Principal Place of Business Mailing Address **6 OFFICE PARK DRIVE 6 OFFICE PARK DRIVE** PALM COAST, FL 32137 PALM COAST, FL 32137 US 60016346 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 01092008 Chq-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 26-0840179 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHAW, DUDLEY A Street Address (P.O. Box Number is Not Acceptable) **8 OFFICE PARK DRIVE** PALM COAST, FL FL City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 18 \$138,75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE TITLE ☐ Change Addition ☐ Delete SHAW, DUDLEY A NAME NAME STREET ADDRESS STREET ADDRESS 2312 S DAYTONA AVENUE CITY-ST-ZIP FLAGLER BEACH, FL 32136 CITY-ST-ZIP MGRM TITLE ☐ Change Addition ☐ Delete TITLE BUTLER, DAVID W NAME NAME STREET ADDRESS 668 LAKE ASBURY DRIVE STREET ADDRESS CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043 CITY-ST-ZIP TITLE **MGRM** ☐ Delete TITLE ☐ Change ☐ Addition BERRY, CRAIG R NAME NAME 69 WESTGRILL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32164 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE PULASKI, MARIANNE L NAME NAME 35 RIPPLEWOOD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32164 CITY-ST-ZIP Defete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

RE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

0 - Budley A. Shaw - MGRM 3.18.08 386-447-6615

FILED Mar 21, 2008 8:00 am