

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090814

FILED
Feb 23, 2009
Secretary of State

Entity Name: D & D MEDICAL BUILDING ASSOCIATES, LLC

Current Principal Place of Business:

6 OFFICE PARK DRIVE
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

6 OFFICE PARK DRIVE
PALM COAST, FL 32137 US

New Mailing Address:

FEI Number: 26-0840179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, DUDLEY A
8 OFFICE PARK DRIVE
PALM COAST, FL FL US

Name and Address of New Registered Agent:

SHAW, DUDLEY A
6 OFFICE PARK DRIVE
PALM COAST, FL FL US

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:

02/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHAW, DUDLEY A
Address: 2312 S DAYTONA AVENUE
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: MGRM () Delete
Name: BUTLER, DAVID W
Address: 668 LAKE ASBURY DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: MGRM () Delete
Name: BERRY, CRAIG R
Address: 69 WESTGRILL DRIVE
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DUDLEY A. SHAW

MGRM

02/23/2009

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