

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000090814

**FILED**  
**Apr 21, 2011**  
**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  
6 OFFICE PARK DRIVE  
PALM COAST, FL FL 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  
**Name:** SHAW, DUDLEY A  
**Address:** 2312 S DAYTONA AVENUE  
**City-St-Zip:** FLAGLER BEACH, FL 32136 US

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

**Title:** MGRM  
**Name:** SANTIAGO, RAYMOND  
**Address:** 6 OFFICE PARK DRIVE  
**City-St-Zip:** PALM COAST, FL 32137 US

I hereby 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

04/21/2011

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