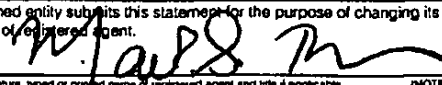



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90021 048 \*\*\*138.75

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # L07000091444</b><br>1. Entity Name<br><b>NEPHRON ESTATES OF ALABAMA, LLC</b>   |  |   |   |  |  |
| Principal Place of Business<br><b>878 109TH AVENUE NORTH<br/>NAPLES, FL 34110</b>  |  |   | Mailing Address<br><b>878 109TH AVENUE NORTH<br/>NAPLES, FL 34110</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>Suite, Apt. #, etc. |   |   |  |
| City & State<br>Zip  |  | City & State<br>Zip                       |   | Country   |  |
| 4. FEI Number<br><b>26-0855911</b>   |  |   |   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |   |   |   |  |
| 6. Name and Address of Current Registered Agent<br><b>HL STATUTORY AGENT INC.<br/>800 LAUREL OAK DRIVE<br/>#600 M&amp;I BUILDING<br/>NAPLES, FL 34108</b>  |  |   |   |   |  |
| 7. Name and Address of New Registered Agent<br>Name <b>Mark S. Russo MD</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>878 109th Ave No</b><br>City <b>Naples</b> FL Zip Code <b>34108</b>  |  |   |   |   |  |
| 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 <b>1/16/2008</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  |   | Make check payable to<br>Florida Department of State                  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |   | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br><b>RUSO, MARK S</b><br><b>878 109TH AVENUE NORTH</b><br><b>NAPLES, FL 34110</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 11. I hereby certify that the information supplied with this filing 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. |  |   |   |   |  |
| SIGNATURE:  DATE <b>1/16/2008</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |   |   |   |  |

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01162008 Chg-LLC CR2E083 (12/06)