2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L08000083600

Entity Name: TAGGERT PROPERTIES LLC

Current Principal Place of Business:

4505 S. OCEAN BLVD., SUITE 808
HIGHLAND BEACH, FL 33487

New Principal Place of Business:

Current Mailing Address:

4505 S. OCEAN BLVD., SUITE 808
HIGHLAND BEACH, FL 33487

New Mailing Address:

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

Name and Address of Current Registered Agent:

HESS, BRITA
4505 S. OCEAN BLVD., SUITE 808
HIGHLAND BEACH, FL 33487 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 ( ) Delete
Name: O'HARE, SHAUN
Address: 15359 JACKSON ROAD
City-St-Zip: DELRAY BEACH, FL 334873348 4

Title: MGRM ( ) Delete
Name: SAIL AWAY INVESTMENTS, LLC
Address: 4505 S. OCEAN BLVD., SUITE 808
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: MGRM ( ) Delete
Name: PHYSICIANSMART OFFICE LLC
Address: 4505 S. OCEAN BLVD., SUITE 808
City-St-Zip: HIGHLAND BEACH, FL 33487

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: SHAUN O'HARE MGRM 04/14/2009

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