

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000047429

**FILED**  
**Feb 13, 2010**  
**Secretary of State**

**Entity Name:** MEDICAL LANE - TRI ROSE LLC

**Current Principal Place of Business:**

329 S. MILL VIEW WAY  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

3941 BROADWAY  
FT. MYERS, FL 33901 US

**Current Mailing Address:**

329 S. MILL VIEW WAY  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

3941 BROADWAY  
FT. MYERS, FL 33901 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JANKOWSKI, KELLIE J  
329 S. MILL VIEW WAY  
PONTE VEDRA BEACH, FL 32082 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: TRI ROSE ENTERPRISES LLC  
Address: 3941 BROADWAY  
City-St-Zip: FT. MYERS, FL 33901 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: KELLIE J JANKOWSKI

RA

02/13/2010

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