

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000064214

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** LAND, BUILDING & BEYOND II, LLC

**Current Principal Place of Business:**

1061 MEDICAL CENTER DRIVE, SUITE 110  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

2776 ENTERPRISE ROAD  
STE 100  
ORANGE CITY, FL 32763

**Current Mailing Address:**

1848 REDWOOD GROVE TERRACE  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 27-1128622      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHARMA, NEERAJ M.D.  
1061 MEDICAL CENTER DRIVE, SUITE 110  
ORANGE CITY, FL 32763 US

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

SHARMA, NEERAJ M.D.  
2776 ENTERPRISE ROAD  
STE 100  
ORANGE CITY, FL 32763 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: NEERAJ SHARMA

01/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SHARMA, NEERAJ M.D.  
Address: 1848 REDWOOD GROVE TERRACE  
City-St-Zip: LAKE MARY, FL 32746

Title: MGR  
Name: VERMA, BISHNU M.D.  
Address: 1555 SAXON BLVD. STE 601  
City-St-Zip: DELTONA, FL 32725

Title: MGR  
Name: HIPPALGAONKAR, RAJENDRA M.D.  
Address: 3055 ALATKA COURT  
City-St-Zip: LONGWOOD, FL 32779

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: NEERAJ SHARMA

MGR

01/17/2011

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