2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2011
Secretary of State

DOCUMENT# L09000066232

Entity Name: WILDFLOWERS I, LLC

Current Principal Place of Business:

4915 NEW PROVIDENCE AVE.
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

4915 NEW PROVIDENCE AVE.
TAMPA, FL 33629

New Mailing Address:

FEI Number: 27-0713916 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAUFFER, JOHN Q MD
4915 NEW PROVIDENCE AVE
TAMPA, FL 33629 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: STAUFFER, JOHN Q M.D.
Address: 4915 NEW PROVIDENCE AVE.
City-St-Zip: TAMPA, FL 33629

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 Statues.

SIGNATURE: JOHN Q STAUFFER MD MGRM 01/13/2011

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