

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000000639

**FILED**  
**Mar 20, 2007**  
**Secretary of State**

**Entity Name:** COMMERCIAL RE PARTNERS XVI-ST. PETERSBURG SURGERY CENTER, L.L.C.

**Current Principal Place of Business:**

1750 SOUTH BRENTWOOD BOULEVARD  
SUITE 701  
SAINT LOUIS, MO 63144

**New Principal Place of Business:**

**Current Mailing Address:**

1750 SOUTH BRENTWOOD BOULEVARD  
SUITE 701  
SAINT LOUIS, MO 63144

**New Mailing Address:**

**FEI Number:** 41-2079109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE STE 4  
WESTON, FL 33331 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: MGR ( ) Delete  
Name: HOLSTE, STEPHEN F  
Address: 1750 S BRENTWOOD BLVD., SUITE 701  
City-St-Zip: ST. LOUIS, MO 63144

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN F HOLSTE

MGR

03/20/2007

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