2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Mar 26, 2007 08:00 AM Secretary of State

DOCUMENT # M	1040	000	100	696
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1. Entity Name

KADIMA MEDICAL PROPERTIES LLC



Principal Place of Business

Mailing Address

101 RICHARDSON STREET BROOKLYN, NY 11211 US

101 RICHARDSON STREET BROOKLYN, NY 11211 US



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0315262 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, JERRY

DO NOT WRITE

100 GOLDEN ISLES DRIVE, SUITE 1204 HALLANDALE BEACH, FL 33009			IN THIS SPACE		
	named entity submits this statement for the purpose of char ions of registered agent.	l nging its registered office or registered ag	ent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when re	enstating) DATE		
	iling Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KADIMA MEZZANINE BORROWER LLC 101 RICHARDSON STREET BROOKLYN, NY 11211				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000678777 04/03/07-80011-022 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS					

to the filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information d that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the empowered to eyecute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied indicated on this report is true and accurate limited liability company or the recei

SIGNATURE: SIGNATURE AND TYPED

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

718 388-7700

Daytime Phone #