2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2008
Secretary of State

DOCUMENT# M06000001473

Entity Name: MONTECITO MEDICAL - CARE DRIVE, LLC

Current Principal Place of Business:

7785 BAYMEADOWS WAY, SUITE 200
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7785 BAYMEADOWS WAY, SUITE 200
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-4410536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAXWELL, DOUGLAS R
10739 DEERWOOD PARK BLVD., SUITE 200A
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

ROGERS, WILLIAM S JR.
7785 BAYMEADOWS WAY, STE 200
JACKSONVILLE, FL 32256 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: WILLIAM S. ROGERS, JR. 03/11/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MONTECITO MEDICAL MO, B PORTFOLIO I L P
Address: 7785 BAYMEADOWS WAY, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MONTECITO MEDICAL MO, B PORTFOLIO I L LC
Address: 7785 BAYMEADOWS WAY, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify 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: JAMES PORTER VP 03/11/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date