

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001477

FILED
Apr 19, 2007
Secretary of State

Entity Name: MONTECITO MEDICAL - NW MEDICAL ARTS, 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: 20-4409747

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 200-A
JACKSONVILLE, FL 32256 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 () 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: () 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: MONTECITO MEDICAL MOB PORTFOLIO I LP

MGRM

04/19/2007

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