

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006849

FILED
Apr 24, 2009
Secretary of State

Entity Name: MONTECITO MOB MANAGEMENT, LLC

Current Principal Place of Business:

7785 BAYMEADOWS WAY, SUITE 200
JACKSONVILLE, FL 32256

New Principal Place of Business:

5215 N. O'CONNOR BLVD, STE 1785
IRVING, TX 75039

Current Mailing Address:

7785 BAYMEADOWS WAY, SUITE 200
JACKSONVILLE, FL 32256

New Mailing Address:

5215 N. O'CONNOR BLVD, STE 1785
IRVING, TX 75039

FEI Number: 20-5996475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, WILLIAM S JR.
7785 BAYMEADOWS WAY, STE 200
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

ROGERS, WILLIAM S JR.
1538 THE GREENS WAY
SUITE 105
JACKSONVILLE BEACH, FL 32250 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:

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MONTECITO MEDICAL INVESTMENT COMPANY, LLC
Address: 7785 BAYMEADOWS WAY, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MONTECITO MEDICAL INVESTMENT COMPANY, LLC
Address: 5215 N. O'CONNOR BLVD, STE 1785
City-St-Zip: IRVING, TX 75039

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: MONTECITO MEDICAL INVESTMENT COMPANY LLC

MGRM

04/24/2009

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