

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003432

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** MONTECITO SUMMIT MOB GP, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

1307 W. 6TH STREET, SUITE 204  
CORONA, CA 92882

**Current Mailing Address:**

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

**New Mailing Address:**

1307 W. 6TH STREET, SUITE 204  
CORONA, CA 92882

**FEI Number:** 26-0269426

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROGERS, WILLIAM S JR.  
1538 THE GREENS WAY, STE 105  
JACKONVILLE BEACH, FL 32250 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  
**Name:** MONTECITO MEDICAL INVESTMENT CO., LLC  
**Address:** 1307 W. 6TH STREET, SUITE 204  
**City-St-Zip:** CORONA, CA 92882

I hereby 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 CO., LLC

MGRM

04/12/2010

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