

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000001179

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** JACKSONVILLE MEDICAL PLAZA 24, LLC

**Current Principal Place of Business:**

1551 N. TUSTIN AVE., SUITE 200  
SANTA ANA, CA 92705

**New Principal Place of Business:**

**Current Mailing Address:**

1551 N. TUSTIN AVE., SUITE 200  
SANTA ANA, CA 92705

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: PACKI, JOSEPH  
Address: 1551 N. TUSTIN AVE., SUITE 200  
City-St-Zip: SANTA ANA, CA 92705

Title: MGRM  
Name: PACKI, UTE M  
Address: 1551 N. TUSTIN AVE., SUITE 200  
City-St-Zip: SANTA ANA, CA 92705

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: JOSEPH PACKI

MGRM

04/21/2011

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