

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90063 019 \*\*\*138.75

<b>DOCUMENT # L07000012960</b> 1. Entity Name 10435 SOUTHEAST 170TH PLACE, LLC	
--	---

Principal Place of Business 3310 S.W. 34TH STREET OCALA, FL 34474	Mailing Address 3310 S.W. 34TH STREET OCALA, FL 34474
---	---

60007458



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01152008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent  GASSMAN, ALAN S 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
--	---

4. FEI Number 01-0896740	Applied For Not Applicable
-----------------------------	-------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE
--	---	------

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Ferns, Justin MD			NAME			
STREET ADDRESS	3310 SW 34 St			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34474			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Nasser, Ai MD			NAME			
STREET ADDRESS	3310 SW 34 St			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34474			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Shahmiri, Anis MD			NAME			
STREET ADDRESS	3310 SW 34 St			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34474			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Ugarte, Julio C MD			NAME			
STREET ADDRESS	3310 SW 34 St			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34474			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

<b>SIGNATURE:</b>	 ANIS SHAHMIRI	2-4-2008	352-873-0707
	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>