


2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020336

1. Entity Name
1301 LAWNWOOD CIRCLE, L.L.C.



Principal Place of Business
1301 LAWNWOOD CIRCLE
FT. PIERCE FL 34950

Mailing Address
1301 LAWNWOOD CIRCLE
FT. PIERCE FL 34950

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
04-3689814

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GORMAN, ROBERT J
1209 DELAWARE AVE.
FT. PIERCE FL 34950

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	KANE, ROGER G M.D.	
STREET ADDRESS	1301 LAWNWOOD CIRCLE	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MONTEJO, R. EDWARD M.D.	
STREET ADDRESS	1301 LAWNWOOD CIRCLE	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GONZALEZ, PATRICK	
STREET ADDRESS	1301 LAWNWOOD CIRCLE	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: SIGNATURE REQUIRED Date: 2/5/03 (772) 467-0348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)