

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009605

FILED  
Apr 23, 2004  
Secretary of State

Entity Name: MV PROPERTIES, LLC

**Current Principal Place of Business:**

C/O TAMPA ORTHOPEDIC & SPORTS MEDICINE  
602 SOUTH HOWARD AVENUE  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

C/O TAMPA ORTHOPEDIC & SPORTS MEDICINE  
602 SOUTH HOWARD AVENUE  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 01-0685124      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JENNEWEIN, JONATHAN P  
101 EAST KENNEDY BOULEVARD, SUITE 3700  
TAMPA, FL 33602      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/MEMBERS:**

Title: VP      ( ) Delete  
Name: MURPHY, DANIEL E MD  
Address: 2914 WALLCRAFT AVE.  
City-St-Zip: TAMPA, FL 33611

Title: P      ( ) Delete  
Name: VIZEI, PETER D MD  
Address: 206 SOUTH HESPERIDES  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: MURPHY, DANIEL E MD  
Address: 2914 WALLCRAFT AVE.  
City-St-Zip: TAMPA, FL 33611

Title: MGRM      (X) Change ( ) Addition  
Name: VIZZI, PETER D MD  
Address: 206 SOUTH HESPERIDES  
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PETER D VIZZI MD

MGRM

04/23/2004

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