


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000019066
 1. Entry Name
 CADUCEUS PROPERTIES, LLC



Principal Place of Business: 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 32308
 Mailing Address: 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE



02212005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0519350 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 CUFFE, MARK J M.D.
 1401 CENTERVILLE ROAD, SUITE 300
 TALLAHASSEE, FL 32308

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

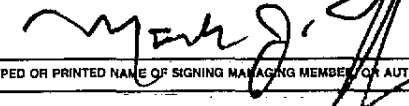
U00000292495
 04/07/05-80074-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CUFFE, MARK J M.D. 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RUMANA, CHRISTOPHER S M.D. 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 32308
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  04/04/2005 (850) 877-5115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #