

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
2004 NOV 18 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000030444					
1. Entity Name AMERICAN TELEMETRY, LLC					
Principal Place of Business 6701 HANLEY ROAD TAMPA, FL 33634		Mailing Address 6701 HANLEY ROAD TAMPA, FL 33634			
2. Principal Place of Business		3. Mailing Address P.O. Box 24282			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Tampa, FL			
City & State		City & State 33622			
Zip	Country	Zip	Country	07012004 Chg-LLC CR2E083 (10/03)	
			USA	4. FEI Number 32-0089520	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AYLWARD, ROBERT E 600 S. MAGNOLIA AVENUE, SUITE 100 TAMPA, FL 33606			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLANCO, RAFAEL	NAME	LEON, HERNAN		
STREET ADDRESS	4301 N. HABANA, STE. 1	STREET ADDRESS	4107 STILLWATER TERRACE		
CITY-ST-ZIP	TAMPA, FL 33607	CITY-ST-ZIP	TAMPA, FL 33624		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CANEDO, MARIO	NAME	LAUTERSZTAIN, JULIO		
STREET ADDRESS	14601 ANCHORET ROAD	STREET ADDRESS	2911 VILLA ROSA PK		
CITY-ST-ZIP	TAMPA FL 33624	CITY-ST-ZIP	TAMPA, FL 33611		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CISNEROS, FRANK	NAME	BLANCO, MARCO		
STREET ADDRESS	4918 LYFORD CAY RD	STREET ADDRESS	CURTIS, MALLET, & PROVOST		
CITY-ST-ZIP	TAMPA FL 33629	CITY-ST-ZIP	101 PARK AVE, NY, NY 10178		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	INGA, JORGE J	NAME			
STREET ADDRESS	6701 HANLEY ROAD	STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33629	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	LEON, GUILLERMO	NAME			
STREET ADDRESS	18605 AVENUE CAPRI	STREET ADDRESS			
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP		08/31/04 -- 90032 -- 026 -- \$55.00	
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	MENEDEZ, LUIS	NAME			
STREET ADDRESS	2613 N. DUNDEE STREET	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33629	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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Jorge J. Inga, MD</u>		Jorge J. Inga, MD, PRESIDENT		7/8/04 (913) 898-5000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					