LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L06000068405

1. Entity Name ANNE MCNAMARA DPM PL

DO NOT WRITE IN THIS SPACE

20002797

2. Principal Place of Business	3. Mailing Address	
14350 METROPLIS AVE	14350 METROPOLIS AVE	
Suite, Apt. #, etc. #2	Suite, Apt. #, etc. #2	DO NOT WRITE IN THIS SPACE
City & State FORT MYERS FL	City & State FORT MYERS FL	4. FEI Number 03-0598681 — Applied For / Not Applicable
Zip 33912 Country USA	Zip 33912 Country USA	5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name ANNE MCNAMARA DPM P.L.

Street Address (P.O. Box Number is Not Acceptable) 14350 METROPOLIS AVE SUITE 2

City FORT MYERS   FL   Zip Code 33912

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable   DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	TITLE	
NAME	ANNE MCNAMARA	NAME	
STREET ADDRESS	14350 METROPOLIS AVE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33912	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/02)

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: _Anne McNamara_   1/10/07   239-209-7656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #