


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000068405**

1. Entity Name  
**ANNE MCNAMARA, D.P.M., P.L.**



Principal Place of Business  
**14350 METROPLIS AVE #2  
 FORT MYERS, FL 33912**

Mailing Address  
**14350 METROPLIS AVE #2  
 FORT MYERS, FL 33912**



05272008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0598681**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCNAMARA, ANNE  
 14350 METROPLIS AVE #2  
 FORT MYERS, FL 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:  DATE: **5/28/08**

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

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

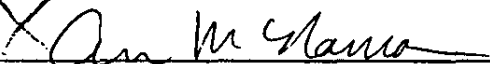
U000000952971  
 06/11/08-80002-001 138.75

**D. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNAMARA, ANNE 14350 METROPLIS AVE #2 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: **5/28/08 (239) 275-1114**

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