

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 APR 13 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A04000001213</b> 1. Entity Name <b>MURDOCK AMBULATORY SURGERY CENTER, LTD., LLP</b>					
Principal Place of Business <b>1420 EDUCATION WAY          PORT CHARLOTTE, FL 33948</b>			Mailing Address <b>P.O. BOX 494997          PORT CHARLOTTE, FL 33949</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01272005    Chg-LP    CR2E003 (10/03)	
4. FEI Number <b>20-1543128</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KAHLE, GARY A          99 NESBIT STREET          PUNTA GORDA, FL 33950</b>			Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="text-align: right;"><b>FL</b>    Zip Code</div>		
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.</small>					
9. Capital Contributions as Shown on record. <b>\$450,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>0</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	GP0400001827		STREET ADDRESS		
NAME	LGBBGH HOLDINGS, LLP		CITY-ST-ZIP		
STREET ADDRESS	1420 EDUCATION WAY		<b>700054207197</b> <b>05/10/05--01044--022    **141.25</b>		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		STREET ADDRESS		
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
<b>SIGNATURE:</b>			<b>RAJA MUPPARAPALLE</b> 4/11/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date    Daytime Phone #		

STAPLE CHECK HERE