
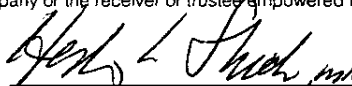


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90216 012 \*\*\*\*\*55.00

<b>DOCUMENT # L00000003310</b> 1. Entity Name <b>SPACEMANAGE, LLC.</b>					
Principal Place of Business <b>C/O HERBERT L. SHICK, M.D. 4700-D SHERIDAN STREET HOLLYWOOD FL 33021</b>				Mailing Address <b>C/O HERBERT L. SHICK, M.D. 4700-D SHERIDAN STREET HOLLYWOOD FL 33021</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHICK, HERBERT M.D. 4700-D SHERIDAN STREET HOLLYWOOD FL 33021</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHICK, HERBERT L M.D. 4251 MANGRUM COURT HOLLYWOOD FL 33021</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HOICHE, JUBRAN A M.D. 7282 SIDONIA COURT BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b>  <b>HERBERT L. SHICK, MD</b> <b>March 3, 2004</b> <b>954-962-4700</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					



MOORE CR2E083 (11/03)

4. FEI Number **65-0993667** Applied For  
Not Applicable

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