


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000003310</b> 1. Entity Name <b>SPACEMANAGE, LLC.</b>	
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Principal Place of Business <b>C/O HERBERT L. SHICK, M.D. 3800 JOHNSON STREET HOLLYWOOD, FL 33021</b>	Mailing Address <b>C/O HERBERT L. SHICK, M.D. 4251 MANGRUM COURT HOLLYWOOD, FL 33021</b>
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01042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0993667</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**SHICK, HERBERT M.D.  
4251 MANGRUM COURT  
HOLLYWOOD, FL 33021**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM SHICK, HERBERT L M.D. 4251 MANGRUM COURT HOLLYWOOD, FL 33021</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM HOICHE, JUBRAN A M.D. 7282 SIDONIA COURT BOCA RATON, FL 33433</b>
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01/09/08-80047-020 143.75

**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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**HERBERT L. SHICK, M.D.** 01/04/2008 954-962-4700