


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90347 042 ****50.00

DOCUMENT # L00000007643		
1. Entity Name FLOYD ORTHOTICS, LLC		

Principal Place of Business 10 BLOSSOM WAY PALM BEACH, FL 33480	Mailing Address 10 BLOSSOM WAY PALM BEACH, FL 33480
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24013609

2. Principal Place of Business P.O. Box 2163 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 2163 Suite, Apt. #, etc.
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01282004 Chg-LLC CR2E083 (10/03)

City & State Palm Beach, FL	City & State Palm Beach, FL
Zip 33480	Country US
Zip 33480	Country US

4. FEI Number 65-1020590	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KOCHMAN, RON KOCHMAN & BRAUN 222 LAKE VIEW AVENUE SUITE 950 WEST PALM BEACH, FL 33401	
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7. Name and Address of New Registered Agent Name Maria K. Floyd Street Address (P.O. Box Number is Not Acceptable) 106 North Flagler Promenade City W. Palm Beach FL Zip Code 33405	
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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
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Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FLOYD, RAYMOND 10 BLOSSOM WAY PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	106 North Flagler Promenade W. Palm Beach, FL 33405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLOYD, MARIA 10 BLOSSOM WAY PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	106 North Flagler Promenade W. Palm Beach, FL 33405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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