


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90271 014 ****50.00

DOCUMENT # L0000011145

1. Entity Name
BARBARA EISENBERG RN, CDE, L.L.C.



Principal Place of Business
 1435 B S.E. 8TH TERRACE
 CAPE CORAL, FL 33990

Mailing Address
 1435 B S.E. 8TH TERRACE
 CAPE CORAL, FL 33990

24025287

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.



City & State
 Zip Country

02162004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1042898

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

EISENBERG, BARBARA
1435 B S.E. 8TH TERRACE
CAPE CORAL, FL 33990

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____

Filing Fee Is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR EISENBERG, BARBARA 1435 S.E. 8TH TERR. CAPE CORAL, FL 33990 | <input type="checkbox"/> Delete |
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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: *Barbara Eisenberg* **3/15/04** **239-573-8448**

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