


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 23, 2004 08:00 AM
Secretary of State**

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| DOCUMENT # L00000011196 1. Entity Name NOMOREMED I, L.L.C. | |  |
| Principal Place of Business 1 PALM AVENUE MIAMI BEACH, FL 33139 | Mailing Address 1 PALM AVENUE MIAMI BEACH, FL 33139 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33316 | | DO NOT WRITE IN THIS SPACE |
| <p>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.</p> <p>SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</p> | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | |
| 9. MANAGING MEMBERS/MANAGERS | | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KRAVECAS, MORRIS 1 PALM AVENUE MIAMI BEACH, FL 33139 | |
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| <p>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 808, Florida Statutes.</p> <p>SIGNATURE: <u><i>MORRIS KRAVECAS</i></u> 1/17/04 305-225-5774 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</p> | | |



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CR2E083 (10/03)

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| 4. FEI Number 65-1040517 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
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