

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004003

**FILED**  
**Apr 27, 2005**  
**Secretary of State**

**Entity Name:** BEE RIDGE CHIROPRACTIC CENTER, L.L.C.

**Current Principal Place of Business:**

2636 BEE RIDGE ROAD  
SARASOTA, FL 34239

**New Principal Place of Business:**

3982 BEE RIDGE ROAD  
BLDG. H, SUITE H  
SARASOTA, FL 34239

**Current Mailing Address:**

2636 BEE RIDGE ROAD  
SARASOTA, FL 34239

**New Mailing Address:**

P O BOX 21962  
SARASOTA, FL 34276

**FEI Number:** 65-1071246

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GERRITY, THOMAS E  
1900 MAIN STREET, SUITE 201  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: EDMONDS, DARREN JAMES  
Address: 2636 BEE RIDGE ROAD  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: EDMONDS, DARREN J  
Address: P.O. BOX 21962  
City-St-Zip: SARASOTA, FL 34276

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** DARREN J. EDMONDS

MGRM

04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date