

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 04, 2005 08:00 AM  
Secretary of State

DOCUMENT # L01000004046

1. Entity Name

VENICE CENTER MEDICAL DEVELOPMENT, L.L.C.



Principal Place of Business

722 SHAMROCK BLVD  
VENICE FL 34236

Mailing Address

722 SHAMROCK BLVD  
VENICE FL 34236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

65-1097893

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEIDER, WILLIAM M  
200 SOUTH ORANGE AVE.  
SARASOTA FL 34236

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE D ☐ Delete  
NAME CONNELLY, JAMES A  
STREET ADDRESS 722 SHAMROCK BLVD.  
CITY- ST- ZIP VENICE FL 34293

TITLE D ☐ Delete  
NAME BRADY, RICHARD W  
STREET ADDRESS 722 SHAMROCK BLVD.  
CITY- ST- ZIP VENICE FL 34293

TITLE D ☐ Delete  
NAME LATTMANN, STEPHEN E  
STREET ADDRESS 722 SHAMROCK BLVD.  
CITY- ST- ZIP VENICE FL 34293

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME 000000251290  
STREET ADDRESS 03/04/05-80045-014 50.00  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:

*James A. Connelly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/28/05

941-497-2353

Date

Daytime Phone #