

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 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**



01262006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	CONNELLY, JAMES A
STREET ADDRESS	722 SHAMROCK BLVD.
CITY-ST-ZIP	VENICE, FL 34293
TITLE	D
NAME	BRADY, RICHARD W
STREET ADDRESS	722 SHAMROCK BLVD.
CITY-ST-ZIP	VENICE, FL 34293
TITLE	D
NAME	LATTMANN, STEPHEN E
STREET ADDRESS	722 SHAMROCK BLVD.
CITY-ST-ZIP	VENICE, FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000412401
02/10/06-80047-003 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

1/28/06

941-497-2353

Date

Daytime Phone #