2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000004257

NOMOREMED III, L.L.C.



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

Principal Place of Business

1 PALM AVENUE MIAMI BEACH, FL 33139 Mailing Address
1 PALM AVENUE
MIAMI BEACH, FL 33139



01182004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1085818 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33316

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		IIV	I NIS SPACE
8. The above the obligat	named entity automits this statement for the purpose of char tions of registered agent.	liging its registered office or registered agent, or bo	oth, in the State of Florida. If am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and litle if applicable,	(NOTE: Regiment Agent algorithm required when respiriting)	DATE
ri D	iling Fee is \$50.00 ue by May 1, 2004		
9,	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAVECAS, MORRIS 1 PALM AVENUE MIAMI BEACH, FL 33139		U00000012202 01/29/04-80069-003 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAVECAS, SAUL 1 PALM AVENUE MIAMI BEACH, FL 33139		71/23/04-80069-603 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN.	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			· · · · · ·

11. Thereby 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 cath, 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:

NAME STREET ADDRESS CITY-ST-ZIP

MONTIS

KRAVELAS

MEN 1/

205

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Deta

Daytime Phone #