2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000008519

1. Entity Name
ALL FLORIDA RESPIRATORY, L.L.C.

Principal Place of Business	Mailing Address
3010 NAUTILUS ROAD MIDDLEBURG, FL 32068	3010 NAUTILUS ROAD MIDDLEBURG, FL 32068

DO NOT WRITE IN THIS SPACE

03212006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3731712

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HORN, CHRISTOPHER C
3010 NAUTILUS ROAD
MIDDLEBURG, FL 32068

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

U00000540579
05/12/06-80071-004 55.00

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HORN, CHRISTOPHER C
STREET ADDRESS	3010 NAUTILUS ROAD
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	MGR
NAME	HORN, RISE
STREET ADDRESS	3010 NAUTHUS RD.
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

626-8337

SIGNATURE: Christopher C. Horn 4/25/06 904-~~264~~ CH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #