


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90048 036 ****50.00

DOCUMENT # L01000011916					
1. Entity Name LAKE BENNET MEDICAL CENTER DEVELOPERS, L.L.C.					
Principal Place of Business 11140 WEST COLONIAL DR., STE. 1 OCOEE, FL 34761			Mailing Address 11140 WEST COLONIAL DR., STE. 1 OCOEE, FL 34761		
2. Principal Place of Business 670 KISSIMMEE AV.		3. Mailing Address P.O. BOX 220			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State OCOEE, FL		City & State KILLARNEY, FL		04222004 Chg-LLC CR2E083 (10/03)	
Zip 34761		Country ORANGE		4. FEI Number NOT APPLICABLE	
Zip 34761		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSWELL-CHARKOW, DON 11140 WEST COLONIAL DR., STE. 1 OCOEE, FL 34761			7. Name and Address of New Registered Agent Name DONALD A. WINGATE Street Address (P.O. Box Number is Not Acceptable) 670 KISSIMMEE AV. City OCOEE FL Zip Code 34761		
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 <u>Donald A Wingate, DONALD A. WINGATE, MGRM 4-22-04</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSWELL-CHARKOW, DON 11140 WEST COLONIAL DR., STE. 1 OCOEE, FL 34761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIN, JORGE 10000 WEST COLONIAL DR., STE. 288 OCOEE, FL 34761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINGATE-INTERNATIONAL, INC. P.O. BOX 220 KILLARNEY, FL 34760		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Donald A Wingate</u> DONALD A. WINGATE 4/22/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

407 877-4755