

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 14, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # L01000013927**

1. Entity Name  
**SLIGH BOULEVARD PARTNERS, L.L.C.**



Principal Place of Business  
**1200 SLIGH BLVD.  
ORLANDO, FL 32801**

Mailing Address  
**1200 SLIGH BLVD.  
ORLANDO, FL 32801**



01142004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3350978**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WEATHERFORD, WILLIAM P JR.  
1031 WEST MORSE BLVD., STE. 105  
WINTER PARK, FL 32789**

**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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
COHEN, MICHAEL J M.D.  
1200 SLIGH BLVD.  
ORLANDO, FL 32801**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FRIEDEL, MARK L M.D.  
1200 SLIGH BLVD.  
ORLANDO, FL 32801**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000051353  
02/16/04-80048-016 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #

*Michael J Cohen* **MICHAEL JON COHEN**

*1/15/04*

*407-648-4323*