

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90292 050 ****50.00

DOCUMENT # L01000020336

1. Entity Name

1301 LAWNWOOD CIRCLE, L.L.C.



Principal Place of Business

1301 LAWNWOOD CIRCLE
FT. PIERCE, FL 34950

Mailing Address

1301 LAWNWOOD CIRCLE
FT. PIERCE, FL 34950



01162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3689814

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORMAN, ROBERT J
1209 DELAWARE AVE.
FT. PIERCE, FL 34950

**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 | MGR |
| NAME | KANE, ROGER G M.D. |
| STREET ADDRESS | 1301 LAWNWOOD CIRCLE |
| CITY-ST-ZIP | FT. PIERCE, FL 34950 |
| TITLE | MGR |
| NAME | MONTEJO, R. EDWARD M.D. |
| STREET ADDRESS | 1301 LAWNWOOD CIRCLE |
| CITY-ST-ZIP | FORT PIERCE, FL 34950 |
| TITLE | MGR |
| NAME | GONZALEZ, PATRICK |
| STREET ADDRESS | 1301 LAWNWOOD CIRCLE |
| CITY-ST-ZIP | FORT PIERCE, FL 34950 |
| TITLE | MGR |
| NAME | POZO, JOSE S. |
| STREET ADDRESS | 1301 LAWNWOOD CIRCLE |
| CITY-ST-ZIP | FORT PIERCE, FL 34950 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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

Date

Daytime Phone #

R. Edward Montejo R. EDWARD MONTEJO 3/9/06

772-467-0348