



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90077 011 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01132007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 04-3689814	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GORMAN, ROBERT J 1209 DELAWARE AVE. FT. PIERCE, FL 34950				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KANE, ROGER G M.D.		NAME		
STREET ADDRESS	1301 LAWNWOOD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTEJO, R. EDWARD M.D.		NAME		
STREET ADDRESS	1301 LAWNWOOD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALEZ, PATRICK		NAME		
STREET ADDRESS	1301 LAWNWOOD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POZO, JOSE J		NAME		
STREET ADDRESS	1301 LAWNWOOD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			R. EDWARD MONTEJO, M.D. 1/24/07 772-467-0348		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		