

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005613

Entity Name: PHORTH ASSOCIATES, LLC

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

BLUEWATER ORTHOPEDICS
4400 HIGHWAY 20 EAST
NICEVILLE, FL 32578 US

New Principal Place of Business:

1950 BLUEWATER BLVD
202
NICEVILLE, FL 32578 US

Current Mailing Address:

4400 HIGHWAY 20 EAST
STE 511
NICEVILLE, FL 32578 US

New Mailing Address:

1950 BLUEWATER BLVD
202
NICEVILLE, FL 32578 US

FEI Number: 02-0625472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOX, THOMAS
4400 HIGHWAY 20 EAST
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

FOX, THOMAS M MGRM
1950 BLUEWATER BLVD
202
NICEVILLE, FL 32578 US

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.

SIGNATURE: THOMAS M. FOX

04/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FOX, THOMAS M
Address: 4400 HIGHWAY 20 EAST
City-St-Zip: NICEVILLE, FL 32578 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FOX, THOMAS M MGRM
Address: 1950 BLUEWATER BLVD, SUITE 202
City-St-Zip: NICEVILLE, FL 32578 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS M. FOX

MGRM

04/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date