2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000015306

1. Entity Name
CAMBRIDGE, LLC

Principal Place of Business	Mailing Address
15320 AMBERLY DRIVE, SUITE A TAMPA, FL 33647-1647	15320 AMBERLY DRIVE, SUITE A TAMPA, FL 33647-1647

DO NOT WRITE IN THIS SPACE

07072004No Chg-LLC CR2E083 (10/03)

4. FEI Number
37-1433850

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name And Address of Current Registered Agent

WILLIAMS, ROBERT V
201 N FRANKLIN STREET, SUITE 2800
TAMPA, FL 33602

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 _____ DATE

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FRAZIER, D.W. M.D.
STREET ADDRESS	15320 AMBERLY DRIVE, SUITE A
CITY ST ZIP	TAMPA, FL 336471647
TITLE	MGRM
NAME	WEISSMAN, MARK S M.D.
STREET ADDRESS	15320 AMBERLY DRIVE, SUITE A
CITY ST ZIP	TAMPA, FL 336471647
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000164612
07/08/04-80015-022 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 605, Florida Statutes.

SIGNATURE: X

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