2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 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

01052005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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 2600
TAMPA, FL 33602

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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, 2005

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	
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CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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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 #