2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000023874

1. Entity Name
LINDER SIBLINGS, L L.C.

Principal Business Address
108 WOODCREEK DRIVE SOUTH
SAFETY HARBOR, FL 34695-5511

Mailing Address
108 WOODCREEK DRIVE SOUTH
SAFETY HARBOR, FL 34695-5511

01072006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1550659

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S
1245 COURT ST . STE. 102
CLEARWATER, FL 33756

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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 the registered agent.

SIGNATURE: _____ (NOTE: Registered Agent must sign if changing registered agent.) DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

Title	MGR
Name	LINDER, OWEN M.D.
Address	108 WOODCREEK DRIVE SOUTH
City-State-Zip	SAFETY HARBOR FL 346955511

U00000393690
01/25/06-80031-022 55.00

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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: Owen Linder, M.D. 1/16/06 1-727-726472

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

Ck# 338 $55