

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031161

**FILED**  
**Apr 06, 2004**  
**Secretary of State**

**Entity Name:** SLEEP DISORDERS OF AMERICA, LLC

**Current Principal Place of Business:**

676 WEST PROSPECT ROAD  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

572 EAST MCNAB ROAD  
SUITE 213  
POMPANO BEACH, FL 33061

**Current Mailing Address:**

676 WEST PROSPECT ROAD  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

572 EAST MCNAB ROAD  
SUITE 213  
POMPANO BEACH, FL 33061

FEI Number: 59-3763280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FARDETTE, BRENT  
676 WEST PROSPECT ROAD  
FORT LAUDERDALE, FL 33309

**Name and Address of New Registered Agent:**

FARDETTE, BRENT  
572 EAST MCNAB ROAD  
SUITE 213  
POMPANO BEACH, FL 33061

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:

04/06/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: BRENT, FARDETT  
Address: 676 W PROSPECT RD  
City-St-Zip: FORT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BRENT, FARDETTE  
Address: 676 W PROSPECT RD  
City-St-Zip: FORT LAUDERDALE, FL 33309

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: BRENT FARDETTE

MGR

04/06/2004

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