


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000031510</b> 1. Entity Name <b>MANDARIN MEDICAL PLAZA, LLC</b>	
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Principal Place of Business <b>9765 SAN JOSE BLVD. 102 JACKSONVILLE, FL 32257</b>	Mailing Address <b>9765 SAN JOSE BLVD. 102 JACKSONVILLE, FL 32257</b>
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**DO NOT WRITE IN THIS SPACE**



03062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>42-1562971</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ANEZ, LUIS  
8201 BAYTREE LANE  
JACKSONVILLE, FL 32256**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000097028  
03/26/04-80021-019 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR ANEZ, LUIS 8201 BAYTREE LANE JACKSONVILLE, FL 32256</b>
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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)(f), 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 **3-15-04**

Daytime Phone # \_\_\_\_\_