


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90183 027 ****50.00

DOCUMENT # L02000032455
 1. Entity Name
RICARDO RIVERA, P.L.



Principal Place of Business Mailing Address
800 CENTURY MEDICAL DRIVE, STE. A **800 CENTURY MEDICAL DRIVE, STE. A**
TITUSVILLE, FL 32796 **TITUSVILLE, FL 32796**

DO NOT WRITE IN THIS SPACE

01072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
80-0052634 Not Applicable

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

6. Name and Address of Current Registered Agent
RIVERA, RICARDO
800 CENTURY MEDICAL DRIVE, STE. A
TITUSVILLE, FL 32796

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVERA, RICARDO 800 CENTURY MEDICAL DRIVE, STE. A TITUSVILLE, FL 32796
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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:  **3/16/04** **321-269-5101**

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