FILED 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT APR 19, 2005 08:00 AM

1. Entity Nam	MENT_# L0200003	4169		Secretary of State
-	e of Business OLA STREET 34994	Mailing Address 421 E. OSCEOLA STREET STUART, FL 34994		
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01202005No Chg-LLC CR2E083 (10/03) 4. FEI Number
GIACHINO, JUAN C M.D. 421 E. OSCEOLA STREET STUART, FL 34994				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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
Filing Fee is \$50.00 Due by May 1, 2005				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEME MGR GIACHINO, JUAN C M.D. 421 E. OSCEOLA STREET STUART, FL 34994	ERŞ/MANAGERS	and an engineering distribution of	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			dependent	IN THIS SPACE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with tols 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 titat 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 improvement to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, OR AUTHORIZED REPRESENTATIVE Date DayLime Phone #				