


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000003733 1. Entity Name LAKE MARY ASC REALTY, L.L.C.	
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Principal Place of Business 460 ST. CHARLES COURT LAKE MARY, FL 32746	Mailing Address 460 ST. CHARLES COURT LAKE MARY, FL 32746
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DO NOT WRITE IN THIS SPACE



02152005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 73-1663822	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ULMER, DEB 460 ST. CHARLES COURT LAKE MARY, FL 32746	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'NEAL, SEAN 200 STATION WAY SUITE D ARROYO GRANDE, CA 93420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAKOWITZ, HOWARD 1061 MEDICAL CENTER DR ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REED, STEPHEN 1884 ALAQUA DR LONGWOOD, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEORGE, GREGORY 200 STATION WAY SUITE D ARROYO GRANDE, CA 93420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMMERSTROM, STEVE 13509 W. 53RD TERR SHAWNEE, KS 66216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

L030000243904
03/25/05-80092-024 50.00

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 605, Florida Statutes.

SIGNATURE: 	2/21/05 805-481-6046
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>