2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000005671

1. Entity Name
RHEUMATOLOGY OFFICE CONDOMINIUM, L.L.C.

Principal Place of Business	Mailing Address
2714 SE 22ND AVE.	2714 SE 22ND AVE.
OCALA, FL 34471	OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

02022005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
04-8521585	Not Applicable

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

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S
1245 COURT STREET STE. 102
CLEARWATER, FL 33756

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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 _____

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. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GRESH, JOHN P MD
STREET ADDRESS	2714 SE 22ND AVE.
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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02/10/05-80079-015 50.00

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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: _____ MGR. HENRY A. EILERS   2-7-05   (362) 361-361

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