

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 10, 2005  
Secretary of State**

DOCUMENT# L03000020172

Entity Name: THOMAS R. FANN, DPM, PL

**Current Principal Place of Business:**

1120 S.R. 436  
SUITE 1400  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

1120 S.R. 436  
SUITE 1400  
CASSELBERRY, FL 32707

**New Mailing Address:**

FEI Number: 20-0031779      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FANN, THOMAS R DPM  
1120 S.R. 436  
SUITE 1400  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: FANN, THOMAS R  
Address: 1120 S. R. 436 SUITE 1400  
City-St-Zip: CASSELBERRY, FL 32707

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS R. FANN, DPM      MGR      02/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date