

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 14, 2008
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/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JULIANA M. FANN

MGR

01/14/2008

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