

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021196

FILED  
Jan 31, 2005  
Secretary of State

Entity Name: DR. FRED E. ALTMAN, PLLC

**Current Principal Place of Business:**

5258 LINTON BLVD., SUITE 304  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

5258 LINTON BLVD., SUITE 304  
DELRAY BEACH, FL 33484

**New Mailing Address:**

FEI Number: 30-0184283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALTMAN, FRED D DR.  
5258 LINTON BLVD., SUITE 304  
DELRAY BEACH, FL 33484 US

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

ALTMAN, FRED E DR.  
5258 LINTON BLVD., SUITE 304  
DELRAY BEACH, FL 33484 US

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: DR. FRED E. ALTMAN

01/31/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: PD ( ) Delete  
Name: ALTMAN, FRED E  
Address: 5258 LINTON BLVD  
City-St-Zip: DELRAY BEACH, FL 33484

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ALTMAN, FRED E  
Address: 5258 LINTON BLVD  
City-St-Zip: DELRAY BEACH, FL 33484

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: DR. FRED E. ALTMAN

MGR

01/31/2005

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