

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/23/

FILED
Sep 10, 2004 8:00 am
Secretary of State

08-23-2004 90152 042 ****50.00

DOCUMENT # L03000031956 1. Entity Name ROBERTS MEDICAL PLAZA, LLC					
Principal Place of Business 453 N. KIRKMAN ROAD ORLANDO FL 32811				Mailing Address 453 N. KIRKMAN ROAD ORLANDO FL 32811	
2. Principal Place of Business SAME		3. Mailing Address SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 59-2412539	
Zip 		Country 		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KANE, STEVEN H 557 N. WYMORE ROAD, SUITE 100 MAITLAND FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP FILES ROBERT S. ROBERTS 453 N. KIRKMAN RD #201 ORLANDO, FL 32811	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				407-292-8992 Daytime Phone #	

34010343



MOORE CR2E083 (4/04)