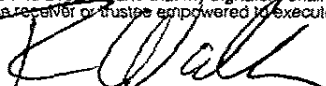


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000034435			
1. Entity Name 510 NEPHRON, L.L.C.			
Principal Place of Business 510 NORTH MACARTHUR AVENUE PANAMA CITY, FL 32401		Mailing Address 504 NORTH MACARTHUR AVENUE PANAMA CITY, FL 32401	
DO NOT WRITE IN THIS SPACE			
		 01132005No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 80-0075485	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent			
WALKER, RICHARD F JR 504 NORTH MACARTHUR AVENUE PANAMA CITY, FL 32401		DO NOT WRITE IN THIS SPACE	
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 reappointing)			
DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005.			
9. MANAGING MEMBERS/MANAGERS			
TITLE	MGRM	 01/28/05-80052-013 50.00 DO NOT WRITE IN THIS SPACE	
NAME	WALKER, RICHARD F JR		
STREET ADDRESS	504 NORTH MACARTHUR AVENUE		
CITY-ST-ZIP	PANAMA CITY, FL 32401		
TITLE	MGRM		
NAME	DEAN, SCOTT E		
STREET ADDRESS	504 NORTH MACARTHUR AVENUE		
CITY-ST-ZIP	PANAMA CITY, FL 32401		
TITLE	MGRM		
NAME	RIFAI, A. OUSSAMA		
STREET ADDRESS	504 NORTH MACARTHUR AVENUE		
CITY-ST-ZIP	PANAMA CITY, FL 32401		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		01/25/2005 (850) 769-2158	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Richard F. Walker, Jr.		Date Daytime Phone #	