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	Mailing Address
510 NORTH MACARTHUR AVENUE PANAMA CITY, FL 32401	504 NORTH MACARTHUR AVENUE PANAMA CITY, FL 32401

01132005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 — Date — Daytime Phone #

Richard F. Walker, Jr.