## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Apr 28, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # L03000034 OPHER E GEERTZ, MD, LL						04-28-200	90032 001	****5	i0.00
Principal Plac 7609 LAIRD PANAMA CITY		Mailing Address 7609 LAIRD ST PANAMA CITY BEACH,	, FL 3240	D8 U\$	1	100565	Ò Maria III III I			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262005	Chg-LLC	CR2E083			
City & State		City & State			4. FEI Numbe 80-0076				pplied For at Applicable	
Zip	Country	Zip	Country			5. Certificate	of Status Desired		.00 Add Required	
	6. Name and Address of Current	Registered Agent		Nama		7. Name and	Address of New	Registered Age	nt	
GEERTZ, CHRISTOPHER E 7609 LAIRD ST				Name Street A	et Address (P.O. Box Number is Not Acceptable)					
PANAMA (	CITY, FL 32408									
				City			· ·	FL	Zip Code	a
	named entity submits this statement fi ions of registered agent.	or the purpose of changing it	ts registere	ed office or	registere	d agent, or bot	n, in the State of F	lorida. I am fami	iliar with,	and accept
SIGNATURE .										
	Signature, typed or printed name of registered agen	I and title if applicable. (NO	TE: Registered	d Agent signat.	ure required v	when reinstating)		DATE		
Fi De	Signature. Niped or printed name of registered agen illing Fee is \$50.00 ue by May 1, 2005	I and title if applicable. (NO	TE: Registerer	d Agent signat.	ure required v	when reinstating)		ke check pays is Department		,
Fi D	iling Fee is \$50.00		TE: Registerer	d Agent signat.	ure required v	when rainstating)	Floric	ke check pays		)
D:	iling Fee is \$50.00 ue by May 1, 2005			E	ure required v	when reinstating)	Floric	ke check pays is Department S/CHANGES		Addition
9.	iling Fee is \$50.00 ue by May 1, 2005  MANAGING MEMB  MGRM  GEERTZ, CHRISTOPHER E  7600 LAIRD STREET	ERS/MANAGERS	10. TITLE NAMI STRE	E		P LAN	Floric ADDITIONS	ke check pays is Department S/CHANGES	of State	
9. IITLE NAME STREET ADDRESS	iling Fee is \$50.00 ue by May 1, 2005  MANAGING MEMB  MGRM  GEERTZ, CHRISTOPHER E	ERS/MANAGERS	10. TITLE NAMI STRE CITY TITLE NAMI STRE	E E EET ADDRESS -ST-ZIP E			Floric ADDITIONS	ke check paya la Department S/CHANGES	of State	
9.  IITLE NAME STREET ADDRESS CITY-SI-ZIP IITLE NAME STREET ADDRESS	iling Fee is \$50.00 ue by May 1, 2005  MANAGING MEMB  MGRM  GEERTZ, CHRISTOPHER E  7600 LAIRD STREET	ERS/MANAGERS  Delete	10. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE	E E E E E E E E E E E T ADDRESS -S1-ZIP E			Floric ADDITIONS	ke check pays ta Department S/CHANGES	Of State	Addition
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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 in trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE