


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90241 023 ****50.00

DOCUMENT # L03000041104 1. Entity Name NAZARETH HOLDINGS, LLC	
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Principal Place of Business 401 S. INDIAN RIVER DR, STE. A FORT PIERCE, FL 34950	Mailing Address 1572 SE NIEMEYER CIRCLE PORT SAINT LUCIE, FL 34952
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20024107



03082005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number 20-0342505	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FEE, FRANK K III ESQ 401 S. INDIAN RIVER DR, STE. A FORT PIERCE, FL 34950
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARJIEH, ZIAD M.D. 2100 NEBRASKA AVE, STE 105 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEM-ONE PROPERTIES, L.L.C. 1801 SE HILLMOR DR, STE B101 PORT ST LUCIE, FL 34952
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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #