

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041247

FILED
Apr 20, 2006
Secretary of State

Entity Name: SLEEP-WAKE DISORDERS CENTER OF SOUTH FLORIDA, WINTER PARK SLEEP RESEARCH DIVISION, LLC

Current Principal Place of Business:

1788 WEST FAIRBANKS AVE.
SUITE A
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1788 WEST FAIRBANKS AVE.
SUITE A
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 74-3110142 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FAKIH, FAISAL A
1788 W. FAIRBANKS AVENUE, STE. A
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FAKIH, FAISAL A
Address: 1788 W. FAIRBANKS AVENUE, STE. A
City-St-Zip: WINTER PARK, FL 32789 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FAISAL A. FAKIH

MGR

04/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date