


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90150 011 \*\*\*\*50.00

<b>DOCUMENT # L03000055030</b> 1. Entity Name UROLOGY ASSOCIATES OF GAINESVILLE REAL ESTATE, LLC	
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Principal Place of Business 6440 W. NEWBERRY ROAD, SUITE 409 GAINESVILLE, FL 32605	Mailing Address 6440 W. NEWBERRY ROAD, SUITE 409 GAINESVILLE, FL 32605
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**20006140**



01102005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0519401	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  THOMPSON, J. DEREK 6440 W. NEWBERRY ROAD, SUITE 409 GAINESVILLE, FL 32605
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**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.

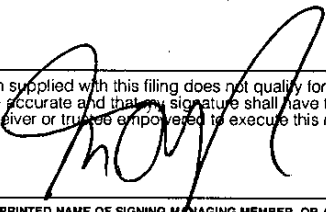
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, J. DEREK 6440 W. NEWBERRY ROAD, SUITE 409 GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIFKIN, MARTIN <i>N.</i> 6440 W. NEWBERRY ROAD, SUITE 409 GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE</b> <i>X</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<i>1/27/05</i> <small>Date</small>	<i>352-333-5400</i> <small>Daytime Phone #</small>
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