

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000000799**

1. Entity Name  
**DOCTORS PARTNERS, LLC**



Principal Place of Business  
**2665 S BAYSHORE DR, PH-2A  
COCONUT GROVE, FL 33133**

Mailing Address  
**2665 S BAYSHORE DR, PH-2A  
COCONUT GROVE, FL 33133**



04182006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2676916**

Applied For  
**Not Applicable**

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

**KATZ, EZRA  
2665 S. BAYSHORE DRIVE, PH-2A  
COCONUT GROVE, FL 33133**

**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

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, 2006**

**05/05/06-80104-015 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KATZ, EZRA 2665 S BAYSHORE DR, PH-2A COCONUT GROVE, FL 33133</b>
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**4-19-06 305-834-500**

Date

Daytime Phone #