

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017787

FILED
Jan 05, 2005
Secretary of State

Entity Name: ALLSTAR HOME RESPIRATORY, LLC

Current Principal Place of Business:

147 LAKE BREEZE CIRCLE
LAKE MARY, FL 32746 US

New Principal Place of Business:

1954 DOLGNER PLACE
SANFORD, FL 32771 US

Current Mailing Address:

147 LAKE BREEZE CIRCLE
LAKE MARY, FL 32746 US

New Mailing Address:

1954 DOLGNER PLACE
SANFORD, FL 32771 US

FEI Number: 20-0823821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, LISA M
147 LAKE BREEZE CIRCLE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

TURNER, LISA M
327 HAVERSHAM ROAD
DELTONA, FL 32725 US

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: LISA M TURNER

01/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: TURNER, LISA M
Address: 147 LAKE BREEZE CIRCLE
City-St-Zip: LAKE MARY, FL 32746 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TURNER, LISA M
Address: 327 HAVERSHAM ROAD
City-St-Zip: DELTONA, FL 32725 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LISA M TURNER

CEO

01/05/2005

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