

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90026 048 \*\*\*\*50.00

DOCUMENT # L04000049572

1. Entity Name  
ROYAL PALM MEDICAL ASSOCIATES, LLC



Principal Place of Business  
15875 BRITTEN LANE  
WELLINGTON, FL 33414

Mailing Address  
15875 BRITTEN LANE  
WELLINGTON, FL 33414

20033236



02032006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1319755	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

OFFICE VENTURES II, LLC  
15875 BRITTEN LANE  
WELLINGTON, FL 33414

**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 restate)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OFFICE VENTURES II, LLC 15875 BRITTEN LANE WELLINGTON, FL 33414
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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 Dennis J Joffe Dennis J Joffe  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/17/06

Date

561-792-7498

Daytime Phone #