2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# L04000052438

Entity Name: HOWARD MANHOFF, M.D., L.L.C.

Current Principal Place of Business:

24011 MADACA LN
APT 102
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

1547 EL PARDO DR
TRINITY, FL 34655

Current Mailing Address:

24011 MADACA LN
APT 102
PORT CHARLOTTE, FL 33954

New Mailing Address:

1547 EL PARDO DR
TRINITY, FL 34655

FEI Number: 83-0402815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANHOFF, MD, HOWARD
24011 MADACA LN
APT 102
PORT CHARLOTTE, FL 33954 US

Name and Address of New Registered Agent:

MANHOFF, MD, HOWARD
1547 EL PARDO DR
TRINITY, FL 34655 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: 01/10/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MANHOFF, HOWARD A.
Address: 24011 MADACA LN APT 102
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MANHOFF, HOWARD A.
Address: 1547 EL PARDO DR
City-St-Zip: TRINITY, FL 34655

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: HOWARD MANHOFF MD MGR 01/10/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date