2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State
02-01-2005 90119 034 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000058432

1. Entity Name

FLORIDA GLOBAL REFERRAL COMPANY, LLC

Principal Place of Business	Mailing Address
100 S.W. ALBANY AVENUE, SUITE 300 STUART FL 34994	100 S.W. ALBANY AVENUE, SUITE 300 STUART FL 34994

2. Principal Place of Business	3. Mailing Address
901 SE Monterey Commons Blvd.	901 SE Monterey Commons Blvd.
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300
City & State STUART FL	City & State STUART FL
Zip 34996 Country MARTIN	Zip 34996 Country MARTIN

4. FEI Number 80-0026449 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZARRO, PASQUALE G 100 S.W. ALBANY AVENUE, SUITE 300 STUART FL 34994	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Pasquale Zarro 1-25-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ZARRO, PASQUALE G 100 S.W. ALBANY AVENUE, SUITE 300 STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BEATTY, SAM J JR. 100 S.W. ALBANY AVENUE, SUITE 300 STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BERTHIAUME, ELIZABETH 100 S.W. ALBANY AVENUE, SUITE 300 STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Pasquale Zarro 1-25-05 772-288-5251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #