


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000067001
 1. Entity Name
 PAULA LIN, M.D. LLC



Principal Place of Business Mailing Address
 2800 S. OSCEOLA AVENUE 2800 S. OSCEOLA AVENUE
 ORLANDO, FL 32806 ORLANDO, FL 32806



04242006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1613093	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 LIN, PAULA
 2800 S. OSCEOLA AVENUE
 ORLANDO, FL 32806

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$50.00 Due by May 1, 2006 L00000548526 05/12/06-80066-019 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LIN, PAULA 2800 S. OSCEOLA AVENUE ORLANDO, FL 32806
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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:  4/28/06 407-839-3834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #