2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069596

Entity Name: ORTHOPAEDIC DEVELOPMENT, LLC

WELLINGTON, FL 33414 US

WELLINGTON, FL 33414 US

KATZMAN, SCOTT S DR.

12549 EQUINE LANE

(X) Delete

MGRM

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FILED Mar 04, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	UINE LANE TON, FL 33414	US		
Current Mailing Address:			New Mailing Address:	
	UINE LANE TON, FL 33414	US		
FEI Number	: 59-3786234	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
2680	ARK J BISCAYNE BOL . 33131 US	JLEVARD		
	e named entity su e of Florida.	bmits this statement for the	purpose of changing its register	ed office or registered agent, or both
SIGNATU	RE:			
	Electronic	Signature of Registered Ag	ent	Date
MANAGING MEMBERS/MEMBERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () E BRYN, MARK J 2 SOUTH BISCAN MIAMI, FL 3313		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	MGRM () E GREENBERG, S 12549 FOUINE L		Title: Name: Address:	() Change () Addition

City-St-Zip:

() Change () Addition

Title:

Name:

Address:

City-St-Zip:

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: MARK J. BRYN MGRM 03/04/2005