


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90049 045 ****50.00

DOCUMENT # L04000072157 1. Entity Name METZGER HOLDING L.L.C.	
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Principal Place of Business 508 WEST DR. M.L. KING BLVD., #B TAMPA, FL 33603	Mailing Address 508 WEST DR. M.L. KING BLVD., #B TAMPA, FL 33603
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20028656



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03232005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1764366	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 METZGER, WALWIN 508 WEST DR. M.L. KING BLVD., #B TAMPA, FL 33603	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR METZGER, WALWIN 508 WEST DR. M.L. KING BLVD., #B TAMPA, FL 33603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ORIGINAL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

metzger

3/28/05



WALWIN D. METZGER, M.D.
INTERNAL MEDICINE

ATTACHMENT 20028656
L04000072157

508 W. MARTIN LUTHER KING JR. BLVD.
SUITE B
TAMPA, FLORIDA 33603
TELEPHONE: (813) 229-3522

April 07, 2005

METZGER HOLDING, LLC

REF: Federal EIN Number

Dear Sir/Madam:

For the last 3 weeks I have tried unsuccessfully to obtain a permanent Federal EIN Number.

I could not reach you by phone and no one answered the phone on numerous occasions, and I was "cut-off" numerous times by your office also.

I was given a temporary number in October of 2004, but I have not recieved the permanent number as promised.

I have therefore used the temporary number in order that I can submit the annual report on time.

Sincerely,

Walwin D. Metzger, M.D.
Walwin D. Metzger, M.D.

WDM/sm