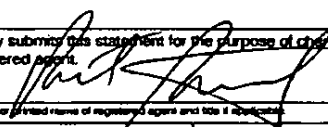
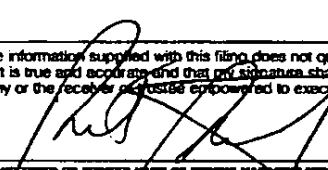


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 19, 2005 8:00 am  
Secretary of State

04-04-2005 90421 040 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |                                                         |                                                                                                                                                                                                                                |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L04000087617</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                         |                                                                                                                                                                                                                                |  |  |
| 1. Entity Name<br><b>MOSAIC PARTNERS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               |                                                         |                                                                                                                                                                                                                                |                                                                                   |  |
| Principal Place of Business<br><b>1530 LEE BLVD., SUITE 2300<br/>LEHIGH ACRES, FL 33936</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                         | Mailing Address<br><b>1530 LEE BLVD., SUITE 2300<br/>LEHIGH ACRES, FL 33936</b>                                                                                                                                                |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               | 3. Mailing Address                                      |                                                                                                                                                                                                                                |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                               | Suite, Apt. #, etc.                                     |                                                                                                                                                                                                                                |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                               | City & State                                            |                                                                                                                                                                                                                                |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                                                       | Zip                                                     | Country                                                                                                                                                                                                                        | 4. FEI Number <b>47-0948602</b>                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               |                                                         |                                                                                                                                                                                                                                | Applied For<br>Not Applicable                                                     |  |
| 6. Name and Address of Current Registered Agent<br><b>KUSHNER, STEVEN P ESQ.<br/>C/O BECKER &amp; POLIAKOFF, P.A.<br/>14241 METROPOLIS AVE., SUITE 100<br/>FT. MYERS, FL 33912</b>                                                                                                                                                                                                                                                                                                                            |                                                                                                                               |                                                         | 7. Name and Address of New Registered Agent<br>Name <b>ROBERT G. STRATHMAN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1530 LEE BLVD #2300</b><br>City <b>LEHIGH ACRES</b> <b>FL</b> Zip Code <b>33936</b> |                                                                                   |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               | DATE <b>2/17/05</b>                                     |                                                                                                                                                                                                                                |                                                                                   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               | Make check payable to:<br>Florida Department of State   |                                                                                                                                                                                                                                |                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                               |                                                         | 10. ADDITIONS/CHANGES                                                                                                                                                                                                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGRM<br>FOOT & ANKLE REAL ESTATE, LLC<br>5238 MASON CORBIN COURT, #102<br>FT. MYERS, FL 33907 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                              |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGRM<br>GROSS, MICHAEL P M.D.<br>1530 LEE BLVD., SUITE 2200<br>LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                              |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGRM<br>RICHARDSON, WILLIAM W MS., DO<br>1530 LEE BLVD., SUITE 2200<br>LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                              |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGRM<br>SAGER, STEVEN B DO<br>13885 DOCTOR'S WAY, SUITE 350<br>FT. MYERS, FL 33912 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                              |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGRM<br>STRATHMAN, ROBERT M.D.<br>1530 LEE BLVD., SUITE 2300<br>LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                              |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes. |                                                                                                                               |                                                         |                                                                                                                                                                                                                                |                                                                                   |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               | DATE <b>2/17/05</b> Daytime Phone # <b>239-368-5897</b> |                                                                                                                                                                                                                                |                                                                                   |  |