2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 22, 2006 8:00 am
Secretary of State
05-08-2006 90043 039 ****50.00

DOCUMENT # L05000003894
Entity Name
ABACOA MEDICAL TIME SHARE LLC

5/1

Principal Place of Business	Mailing Address
18171 SE ISLAND DR TEQUESTA FL 33469	18171 SE ISLAND DR TEQUESTA FL 33469

300110361

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

EIN# 1st MOORE CR2E083 (10/05)

4. FEI Number 43-2076532 — 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
STAFFORD, J. MARK 18171 SE ISLAND DR TEQUESTA FL 33469	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete STAFFORD HOLDINGS LLC 18171 SE ISLAND DR TEQUESTA FL 33469	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete PAO HOLDINGS LLC 474 TEQUESTA DR TEQUESTA FL 33469	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Delete SURGICAL DELIVERY SYSTEMS LLC 140 JUPITER LAKES BLVD JUPITER FL 33458	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 exemptions contained in Section 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #