


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90194 041 ****58.75

DOCUMENT # L05000007683 1. Entity Name KATOPODIS & COX PROPERTIES, LLC					
Principal Place of Business 3842 E. MILLER'S BRIDGE ROAD TALLAHASSEE, FL 32312			Mailing Address 3842 E. MILLER'S BRIDGE ROAD TALLAHASSEE, FL 32312		
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 20-2216538	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GOLDBERG, STUART E ESQ. 2039 CENTRE POINTE BLVD., SUITE 201 TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KATOPODIS, JOHN N M.D.		NAME		
STREET ADDRESS	3842 E. MILLER'S BRIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COX, MARILYN M M.D.		NAME		
STREET ADDRESS	3842 E. MILLER'S BRIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>J. Katopodis</i> JOHN KATOPODIS			3/18/06		850-222-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

ATTACHMENT

GOLDBERG & OLIVE
ATTORNEYS AT LAW

2039 CENTRE POINTE BOULEVARD
SUITE 201 (32308)
POST OFFICE BOX 12458
TALLAHASSEE, FLORIDA 32317

STUART E. GOLDBERG*

CAROLYN D. OLIVE*

PHONE: (850) 222-4000
FAX: (850) 942-6400

*Florida Bar Certified Wills, Trusts & Estates

*Florida Bar Certified Tax Law

March 27, 2006

20022784
#LD5000007683

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Katopodis & Cox Properties, LLC

Dear Sir/Madam:

Enclosed for filing is the 2006 Annual Report for Katopodis & Cox Properties, LLC. Also enclosed is a check in the amount of \$58.75 in payment of the filing fee (\$50.00) and certificate of status (\$8.75).

If you have any questions, please contact me.

Sincerely,



Stuart E. Goldberg

SEG/yvw

Enclosure

cc: John N. Katopodis, M.D. (w/encl.)
Corporate book