

2006 LIMITED LIABILITY COMPANY ANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-08-2006 90039 036 ****50.00

DOCUMENT # L05000044499

1. Entity Name
 225 CONE ROAD, LLC



Principal Place of Business
 225 CONE ROAD
 MERRITT ISLAND, FL 32952

Mailing Address
 225 CONE ROAD
 MERRITT ISLAND, FL 32952

30003351



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02112006 Chg-LLC CR2E083 (11/05)

City & State

4. FEI Number
 20-2844867

Applied For
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEVINE, RICHARD M
 225 CONE ROAD
 MERRITT ISLAND, FL 32952

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

**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 NAME STREET ADDRESS CITY - ST - ZIP	MGR LEVINE, RICHARD M M.D. 225 CONE ROAD MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Richard Levine Date: 2/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

RICHARD LEVINE, M.D.



ATTACHMENT
30003351

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2006

225 CONE ROAD, LLC
225 CONE ROAD
MERRITT ISLAND, FL 32952

Subject: 225 CONE ROAD, LLC

Reference Number: L05000044499

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH
ANNUAL REPORTS SECTION