


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000100631
1. Entity Name
NARESH MENEZES, M.D., LLC



Principal Place of Business Mailing Address
5118 RUE VEN DOME 5118 RUE VEN DOME
LUTZ, FL 33558 LUTZ, FL 33558

DO NOT WRITE IN THIS SPACE



04142007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3634558	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MENEZES, NARESH
5118 RUE VEN DOME
LUTZ, FL 33558

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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 _____ 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, 2007**

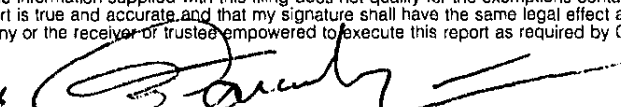
U00000729051
05/08/07-80024-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENEZES, NARESH 5118 RUE VEN DOME LUTZ, FL 33558
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  x 4/22/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #