

# **2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000105435

Entity Name: MASTERPIECE MD, LLC

**FILED**  
**Sep 19, 2006**  
**Secretary of State**

## **Current Principal Place of Business:**

2033 MAIN STREET  
SUITE 600  
SARASOTA, FL 34237

## **Current Mailing Address:**

2033 MAIN STREET  
SUITE 600  
SARASOTA, FL 34237

## **New Principal Place of Business:**

1505 LAKE PARKWAY  
SUITE 190  
LAWRENCEVILLE, GA 30043

## **New Mailing Address:**

1505 LAKE PARKWAY  
SUITE 190  
LAWRENCEVILLE, GA 30043

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

CHAPNICK, BRUCE P ESQ.  
2033 MAIN STREET  
SUITE 600  
SARASOTA, FL 34237 US

## **Name and Address of New Registered Agent:**

GREENE, ROBERT F ESQ.  
1301 SIXTH AVENUE W  
SUITE 400  
BRADENTON, FL 34205 US

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.

SIGNATURE: ROBERT F. GREENE

09/19/2006

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BRADEN, JAMES B  
Address: 305 HIBISCUS AVE.  
City-St-Zip: PALM BEACH, FL 33480

## **ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BRADEN, JAMES B  
Address: 1505 LAKE PARKWAY, SUITE 190  
City-St-Zip: LAWRENCEVILLE, GA 30043

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES B. BRADEN

MGRM

09/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date