

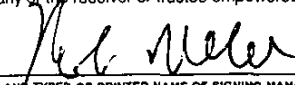


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 AM 11:10

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # L07000110732 1. Entity Name ANESCO MANAGEMENT COMPANY, LLC | | | |  | |
| Principal Place of Business 2799 NW BOCA RATON BLVD., SUITE 203 C/O STEVEN A. SCJARRETTA BOCA RATON, FL 33431 | | | Mailing Address 2799 NW BOCA RATON BLVD., SUITE 203 C/O STEVEN A. SCJARRETTA BOCA RATON, FL 33431 | | |
| 2. Principal Place of Business - No P.O. Box # 3601 W. COMMERCIAL BLVD Suite, Apt. #, etc. SUITE 5 | | 3. Mailing Address 3601 W. COMMERCIAL BLVD Suite, Apt. #, etc. SUITE 5 | | | |
| City & State FT. LAUDERDALE FL | | City & State FT. LAUDERDALE FL | | 4. FEI Number 02042008 Chg-LLC CR2E083 (12/06) | |
| Zip 33309 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SCJARRETTA, STEVEN A 2799 NW BOCA RATON BLVD., SUITE 203 C/O STEVEN A. SCJARRETTA, P.A. BOCA RATON, FL 33431 | | | 7. Name and Address of New Registered Agent Name RICHARD MELI M.D. Street Address (P.O. Box Number is Not Acceptable) 3601 W. COMMERCIAL BLVD SUITE 5 City FT. LAUDERDALE FL Zip Code 33309 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SCJARRETTA, STEVEN A 2799 NW BOCA RATON BLVD., SUITE 203 BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RICHARD MELI M.D. 3601 W. COMMERCIAL BLVD SUITE 5 FT. LAUDERDALE FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 700128119427 05/01/08--01034--025 **638.75 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 MELI 2/4/08 9547852002 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |