

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L98000003382**

1. Entity Name  
**MANUEL G. JAIN, M.D., L.L.C.**



Principal Place of Business  
**105 S. DIXIE DRIVE**  
**HAINES CITY, FL 33844**

Mailing Address  
**105 S. DIXIE DRIVE**  
**HAINES CITY, FL 33844**



01232006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3557527</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**JAIN, MANUEL G**  
**1488 N. LAKE MIRROR DR., NW**  
**WINTER HAVEN, FL 33880**

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8. The above named entity submits this statement for the purpose of reinstating 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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>JAIN, MANUEL G</b> <b>1488 N. LAKE MIRROR DR., NW</b> <b>WINTER HAVEN, FL 338811372</b>
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UNIONID427686  
 02/21/06-80018-010 50.00

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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:** **01/30/06**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #