

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000000570

1. Entity Name

840 E. OSCEOLA STREET, L.L.C.



Principal Place of Business

840 E. OSCEOLA STREET
STUART, FL 34994

Mailing Address

840 E. OSCEOLA STREET
STUART, FL 34994

DO NOT WRITE IN THIS SPACE



01192004No Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-0890967

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACMILLAN, DAVID MD
840 E. OSCEOLA STREET
STUART, FL 34994

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MACMILLAN, DAVID M M.D.
840 E. OSCEOLA STREET
STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PAUL, MICHAEL D M.D.
840 E. OSCEOLA STREET
STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000012819
01/26/04-80026-012 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

David Macmillan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/21/04 772-283-7072

Date Daytime Phone #