

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

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01192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0890967	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
 MACMILLAN, DAVID MD
 840 E. OSCEOLA STREET
 STUART, FL 34994

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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, 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
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 01/26/04-80026-012 50.00

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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 Date: 1/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # 772-283-7072