

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 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



03142005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**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 except 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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

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

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

TITLE	
NAME	
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CITY-ST-ZIP	

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04/09/05-80028-004 50.00

**DO NOT WRITE  
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:** \_\_\_\_\_

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

3/31/05 772-283-7072  
Date Daytime Phone #