


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

DO NOT WRITE IN THIS SPACE



03142005No 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, 2005**

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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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:  **3/31/05 772-283-7072**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #