


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000006007</b> 1. Entity Name M.D. WOODRIDGE, LLC	
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Principal Place of Business STE #407 SOUTH 1601 BELVEDERE ROAD WEST PALM BEACH, FL 33406	Mailing Address STE #407 SOUTH 1601 BELVEDERE ROAD WEST PALM BEACH, FL 33406
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01232004No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0949749	Applied For Not Applicable
5. Certificate of Status Desired, <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

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

MAPES, PAUL  
STE #407 SOUTH  
1601 BELVEDERE ROAD  
WEST PALM BEACH, FL 33406

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASARCH, GAIL STE #407 SOUTH, 1601 BELVEDERE ROAD WEST PALM BEACH, FL
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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)(f), 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

2/26/04  
Date

Daytime Phone #

EVELYN STEFANSKI