


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

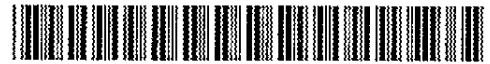
FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000008291
 1. Entity Name
 RAFAEL RIVAS-CHACON, M.D., L.L.C.



Principal Place of Business 3100 S.W. 62ND AVENUE, COTTAGE #3 MIAMI, FL 33155	Mailing Address P.O. BOX 431169 SOUTH MIAMI, FL 33243-1169
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01092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 45-4530369	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
 RIVAS-CHACON, RAFAEL M.D.
 3100 S.W. 62ND AVENUE, COTTAGE #3
 MIAMI, FL 33155

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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 RAAEL F. RIVAS-CHACON 3100 SW 62ND AVE. MIAMI, FL 331553098
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 01/26/04-80025-001 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)(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 606, Florida Statutes.

SIGNATURE: RAFAEL F. RIVAS-CHACON 1-20-2004 (305)6638505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #