2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2004
Secretary of State

DOCUMENT# L99000009254

Entity Name: 3138 NORTHSIDE DRIVE, L.C.

Current Principal Place of Business:

3138 NORTHSIDE DRIVE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

3138 NORTHSIDE DRIVE
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-1008548 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLSON, ROBERT M M.D.
1017 FLEMING ST.
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

OLSON, ROBERT M M.D.
3138 NORTHSIDE DRIVE
KEY WEST, FL 33040 US

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.

SIGNATURE: _____ 03/19/2004
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: OLSON, ROBERT M MD
Address: 1017 FLEMING ST.
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete
Name: SCHAAFSMA, MERCEDES DO
Address: 2 MCCOY CIRCLE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT M. OLSON M.D. MGRM 03/19/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date