2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005
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.
3138 NORTHSIDE DRIVE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

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 (X) 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 03/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date