

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT***

FILED

**Mar 13, 2006 08:00 AM
Secretary of State**

DOCUMENT # M01000001096

1. Entity Name
MED FUND LLC



Principal Place of Business
**240 N WASHINGTON BLVD 7TH FL
SARASOTA, FL 34236**

Mailing Address
**240 N WASHINGTON BLVD 7TH FL
SARASOTA, FL 34236**



01112006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1087336

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRANCH, DANIEL
240 N WASHINGTON BLVD.
7TH FLOOR
SARASOTA, FL 34236**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KERN, MARTIN J 240 N WASHINGTON BLVD., 7TH FL SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BRANCH, DANIEL 240 N WASHINGTON BLVD., 7TH FL SARASOTA, FL
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03/23/06-80059-022 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

3/16/06 921-350-0371