


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90197 023 \*\*\*\*50.00

<b>DOCUMENT # Z00508</b>			
1. Entity Name ALOMA PROFESSIONAL ASSOCIATES, L.C.			
Principal Place of Business <del>2221 LEE ROAD</del> <del>SUITE 22</del> WINTER PARK FL 32789		Mailing Address 2221 LEE ROAD SUITE 22 WINTER PARK FL 32789	
2. Principal Place of Business 242 CHASE AVENUE Suite, Apt. #, etc.		3. Mailing Address 242 CHASE AVENUE Suite, Apt. #, etc.	
City & State WINTER PARK, FL		City & State WINTER PARK, FL	
Zip 32789	Country USA	Zip 32789	Country USA
6. Name and Address of Current Registered Agent THOMAS, BRYAN M 2221 LEE ROAS SUITE 22 WINTER PARK FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 242 CHASE AVENUE City WINTER PARK FL Zip Code 32789	
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 _____			

24011717



MOORE CR2E083 (11/03)

4. FEI Number 59-3101711 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIRZA, IQBAL, MD 109 DARDANELLI LANE LOS GATOS CA 95032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14483 CHESTER AVE. SARATOGA, CA 95070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <del>THOMAS, BRYAN M</del> <del>2221 LEE ROAD, SUITE 22</del> WINTER PARK FL 32789 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MANAGING MEMBER MARJORIE BEAERT THOMAS 242 CHASE AVE. WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, KEN, MD 4098 SCARLET IRIS PLACE WINTER PARK FL 32792-9412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROGKELSBY, EARL W 2221 LEE ROAD, SUITE 22 WINTER PARK FL 32789 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Marjorie Beart Thomas MANAGING MEMBER 2/10/2004 407-644-9319  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #