


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000006024
 1. Entity Name
 290 PROFESSIONAL BUILDING LLC



Principal Place of Business Mailing Address
 290 W. 49TH ST. 290 W. 49TH ST.
 HIALEAH, FL 33012 HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE



02082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1016595	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
 MARBAN, ALEX J
 290 W. 49TH
 HIALEAH, FL 33012

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARBAN, ALEX J 290 W. 49TH ST. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARBAN, JANET PADRON 290 W. 49TH ST HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000653847
 03/13/07-80037-009 50.00

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:  **2/9/07** (305) **5570642**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #