

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006589

FILED
Jan 05, 2005
Secretary of State

Entity Name: EASTERN SHORES PROFESSIONAL CENTER, LLC

Current Principal Place of Business:

2775 SUNNY ISLE BLVD
118
NORTH MIAMI BEACH, FL 33180

New Principal Place of Business:

2775 SUNNY ISLES BLVD
118
NORTH MIAMI BEACH, FL 33180

Current Mailing Address:

2775 SUNNY ISLE BLVD
118
NORTH MIAMI BEACH, FL 33180

New Mailing Address:

2775 SUNNY ISLES BLVD
118
NORTH MIAMI BEACH, FL 33180

FEI Number: 65-1101763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, BARRY A
2775 SUNNY ISLES BLVD #118
NORTH MIAMI BEACH, FL 33160 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: MGR () Delete
Name: MELISSA, BARRY
Address: 2775 SUNNY ISLES BLVD, SUITE 118
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR () Delete
Name: SPRECHMAN, STEVEN
Address: 2775 SUNNY ISLE STE 118
City-St-Zip: MIAMI, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NELSON, BARRY
Address: 2775 SUNNY ISLES BLVD, SUITE 118
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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: BARRY A. NELSON

MGR

01/05/2005

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