


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000007328**

1. Entity Name  
 135 PROFESSIONAL DRIVE, LLC



Principal Place of Business 135 PROFESSIONAL DRIVE SUITE 107 PONTE VEDRA BEACH, FL 32082	Mailing Address 135 PROFESSIONAL DRIVE SUITE 107 PONTE VEDRA BEACH, FL 32082
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DELLA PORTA, JOHN M  
 135 PROFESSIONAL DRIVE SUITE 107  
 PONTE VEDRA BEACH, FL 32082

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

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DELLA PORTA, JOHN M 135 PROFESSIONAL DRIVE SUITE 107 PONTE VEDRA BEACH, FL 32082
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U00000028854  
 02/04/04-80042-007 50.00

~~U00000023373  
 02/02/02-80001-007 58.00~~

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John Della Porta JOHN DELLA PORTA 1/28/04 904 280 4151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #