

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012152

**FILED**  
**Apr 30, 2004**  
**Secretary of State**

**Entity Name:** PALMETTO BAY PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

2100 WEST 76TH ST., STE. 401  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

2100 WEST 76TH ST., STE. 401  
HIALEAH, FL 33016

**New Mailing Address:**

FEI Number: 33-1008468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALVARADO, MIGDALIA E  
2100 WEST 76TH ST., STE. 401  
HIALEAH, FL 33016

**Name and Address of New Registered Agent:**

PRESTAN, MIGDALIA E  
2100 WEST 76TH ST., STE. 401  
HIALEAH, FL 33016

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: MIGDALIA E. PRESTAN

04/30/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: SOCOLSKY, ADRIAN I  
Address: 2100 WEST 76TH ST., STE. 401  
City-St-Zip: HIALEAH, FL 33016

Title: MGRM ( ) Delete  
Name: PORTNOY, JOSE  
Address: 2100 W 76TH SR #401  
City-St-Zip: HIALEAH, FL 330165504

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSE PORTNOY

MGRM

04/30/2004

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