

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

3/

03-20-2003 90037 010 ****50.00



DOCUMENT # L02000019870

1. Entity Name
MERRITT PROFESSIONAL BUILDING, LLC

Principal Place of Business Mailing Address
101 SOUTH COURTENAY PARKWAY 101 SOUTH COURTENAY PARKWAY
SUITE 201 SUITE 201
MERRITT ISLAND FL 32952-4855 MERRITT ISLAND FL 32952-4855

2. Principal Place of Business 3. Mailing Address
4275 Hillview Cir e/o John G. Estock
Suite, Apt. #, etc. Suite, Apt. #, etc.
9800 Fourth St., N., Ste 300

City & State City & State
Merritt Island FL St. Petersburg FL

Zip Country Zip Country
32952 33702

4. FEI Number Applied For
59-3763616 Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent
SPIEVOGEL, LEONARD
101 SOUTH COURTENAY PARKWAY
SUITE 201
MERRITT ISLAND FL 32952-4855

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4275 Hillview Cir
City State Zip Code
Merritt Island FL 32952

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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SPIEVOGEL, LEONARD 101 SOUTH COURTENAY PARKWAY, SUITE 201 MERRITT ISLAND FL 32952-4855 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4275 Hillview Cir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Merritt Island FL 32952
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *[Signature]* **SIGNATURE REQUIRED** Date: **3/17/03** Daytime Phone #

CR2E083 (10/02)