

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 02, 2005 8:00 am
Secretary of State

03-24-2005 90204 005 ****50.00

DOCUMENT # L04000001508 1. Entity Name SUMMERLIN PROFESSIONAL CENTER, LLC					
Principal Place of Business 10961 CHAMPIONSHIP DRIVE FORT MYERS, FL 33913			Mailing Address 10961 CHAMPIONSHIP DRIVE FORT MYERS, FL 33913		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HURST, ROBERT A 10961 CHAMPIONSHIP DRIVE FORT MYERS, FL 33913				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HURST, ROBERT A 10961 CHAMPIONSHIP DRIVE FORT MYERS, FL 33913 ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HURST, CONNY M 10961 CHAMPIONSHIP DRIVE FORT MYERS, FL 33913 ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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)(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 606, Florida Statutes.					
SIGNATURE:				Date: 3/21/05 Daytime Phone: 239 415 6269	