



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000044009 1. Entity Name LUTGERT PROFESSIONAL CENTER, LLC		
Principal Place of Business 4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103	Mailing Address 4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103	
DO NOT WRITE IN THIS SPACE		03232006No Chg-LLC CR2E083 (11/05)
6. Name and Address of Current Registered Agent CATALANO, ANTHONY J 4001 TAMIAAMI TRAIL NORTH STE. 250 NAPLES, FL 34103		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		U00000530485 05/05/06-80116-016 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUTGERT, SCOTT F 4200 GULF SHORE BLVD N NAPLES, FL 34103	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUTGERT, KURT M 4200 GULF SHORE BLVD N NAPLES, FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, RICHARD J 4200 GULF SHORE BLVD N NAPLES, FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUTMAN, HOWARD B 4200 GULF SHORE BLVD N NAPLES, FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCORKLE, DOUGALL 4200 GULF SHORE BLVD N NAPLES, FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Howard B. Gutman Vice President	3/30/06 (239) 261-6100 <small>Date Daytime Phone #</small>