


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/4 **FILED**
Mar 31, 2008 8:00 am
Secretary of State

03-04-2008 90102 001 ***143.75

DOCUMENT # L07000050438

1. Entity Name
PARK PLACE PROFESSIONAL SUITES, LLC



30003028

Principal Place of Business
**300 WEST DIXIE AVENUE
 LEESBURG, FL 34748**

Mailing Address
**300 WEST DIXIE AVENUE
 LEESBURG, FL 34748**



2. Principal Place of Business - No P.O. Box #
 Suits, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02252008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number **26-0164057** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**HABER, FLORA JO
 300 WEST DIXIE AVENUE
 LEESBURG, FL 34748**

7. Name and Address of New Registered Agent
 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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

143.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Flora Jo Haber, Member <input type="checkbox"/> Delete <i>President</i> 300 W. Dixie Ave. Leesburg, Fl. 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Randy Haber, Member <input type="checkbox"/> Delete <i>vice president</i> 605 Cascade Ave. Leesburg, Fl. 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Delete <i>Sec-Treas</i> Lynn Barrett 1220 Crestview Mt. Dora, Fl. 32667
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Flora Jo Haber, President* Date *2-25-08* *(352)787-6700*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #