

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050438

FILED  
Jan 13, 2010  
Secretary of State

**Entity Name:** PARK PLACE PROFESSIONAL SUITES, LLC

**Current Principal Place of Business:**

300 WEST DIXIE AVENUE  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

300 WEST DIXIE AVENUE  
LEESBURG, FL 34748

**New Mailing Address:**

FEI Number: 26-0164057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HABER, FLORA JO  
300 WEST DIXIE AVENUE  
LEESBURG, FL 34748 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: HABER, FLORA JO  
Address: 300 W DIXIE AVE  
City-St-Zip: LEESBURG, FL 34748

Title: VP  
Name: HABER, RANDY  
Address: 605 CASCADE AVE  
City-St-Zip: LEESBURG, FL 34748

Title: ST  
Name: BARRETT, LYNN  
Address: 1220 CRESTVIEW  
City-St-Zip: MT DORA, FL 32657

I hereby 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: FLORA JO HABER

PRES

01/13/2010

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