

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000003796
 1. Entity Name
 PALM BEACH GARDENS PROFESSIONAL BUILDING, LLC



Principal Place of Business Mailing Address
 4283 NORTHLAKE BOULEVARD 4283 NORTHLAKE BOULEVARD
 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410



01182007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0928406 Not Applicable

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

6. Name and Address of Current Registered Agent
 CELEDINAS, KIM R
 712 HARBOUR ISLES WAY
 NORTH PALM BEACH, FL 33410

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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 re-instating)
 Signature, typed or printed name of registered agent and title if applicable DATE

03/07/07-80022-014 50.00

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CELEDINAS, RAY S 712 HARBOUR ISLES WAY NORTH PALM BEACH, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CELEDINAS, KIM R 712 HARBOUR ISLES WAY NORTH PALM BEACH, FL 33410
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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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #