2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# L03000004355

Entity Name: DELRAY BEACH PROFESSIONAL CENTER, LLC

Current Principal Place of Business:

5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON, FL 33486

New Principal Place of Business:

951 BROKEN SOUND PKWY
SUITE 115
BOCA RATON, FL 33487

Current Mailing Address:

5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON, FL 33486

New Mailing Address:

10751 RIO HERMOSO
DELRAY BEACH, FL 33446

FEI Number: 90-0147239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEPARD, JONATHAN L
5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON, FL 33486

Name and Address of New Registered Agent:

QUEEN, ANDREW
10751 RIO HERMOS
DELRAY BEACH, FL 33446

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: ANDREW QUEEN 04/21/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: QUEEN, ANDREW
Address: 10751 RIO HERMOSO
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGR ( ) Change (X) Addition
Name: QUEEN, JEFFREY
Address: 10646 RIO DEL SOL
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDREW QUEEN MGR 04/21/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date