2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90046 006 ****50.00 **DOCUMENT # L04000044009** LUTGERT PROFESSIONAL CENTER, LLC Mailing Address 20050995 Principal Place of Business 4200 GULF SHORE BOULEVARD NORTH 4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 20-2463137 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CATALANO, ANTHONY J Street Address (P.O. Box Number is Not Acceptable) 4001 TAMIAMI TRAIL NORTH STE. 250 NAPLES, FL 34103 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE Change X Addition SCOTT F. LUTGERT 4200 GULF SHORE BLVD. N. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34103 MGRM Addition TITLE ☐ Delete TITLE ☐ Change KURT M. LUTGERT 4200 GULF SHORE BLVD. N. NAPLES, FL 34103 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE MGRM ☐ Change X Addition TITLE RICHARD J. BAKER 4200 GULF SHORE BLVD. N. NAME NAME STREET ADDRESS STREET ADDRESS NAPLES, FL 34103 CITY-ST-ZIP CITY-ST-ZIP MGRM Addition ☐ Delete TITLE ☐ Change HOWARD B. GUTMAN 4200 GULF SHORE BLVD N. NAPLES, FL 34103 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Delete ☐ Change Addition TITLE TITLE DOUGALL MCCORKLE 4200 GULF SHORE BLVD. N. NAME STREET ADDRESS STREET ADDRESS NAPLES, FL 34103 CITY-ST-ZIF CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME

SIGNATURE

11. I hereby certify that the information supplied windicated on this report is true and accounts of

indicated on this report is true ag limited liability company

STREET ADDRESS

CITY-ST-ZIP

· 安徽 (1)

HOWARD B. GUTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

4.22.05

(239) 261-6100

FILED

In this fing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the training signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the early enpowered to execute this report as required by Chapter 608, Florida Statutes.

Davtime Phone #