

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000049304

1. Entity Name
ROYAL PALM PROFESSIONAL CENTRE, LLC



Principal Place of Business
**3903 POSTRIDGE TRAIL
MELBOURNE, FL 32934**

Mailing Address
**PO BOX 410686
MELBOURNE, FL 32941**



01042007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1697308

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOLOGNA-GARAGOZLO, PATRICIA E
3903 POSTRIDGE TRAIL
MELBOURNE, FL 32934**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PSP OF BREVARD, LLC PO BOX 410686 MELBOURNE, FL 32941
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RRLS LLC 28 MARSHALL AVENUE FLORAL PARK, NY 11001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RTL D LLC 11 NANCY ROAD NANUET, NY 10954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KJVIERA, LLC 963 LOGGERHEAD ISLAND DRIVE SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000578251
01/09/07-80022-016 50.00

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

[Handwritten Signature]
1/7/07 34-7571570