


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # L99000003796 1. Entity Name PALM BEACH GARDENS PROFESSIONAL BUILDING, LLC	
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Principal Place of Business 4283 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 33410	Mailing Address 4283 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 33410
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01162008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0928406	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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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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 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #