


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 1:08

DOCUMENT # A98000002747 1. Entity Name THE PROFESSIONAL CENTRE AT PEMBROKE LAKES, LLLP	
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Principal Place of Business 2515 SR 7 SUITE 230 WELLINGTON, FL 33414	Mailing Address 2515 SR 7 SUITE 230 WELLINGTON, FL 33414
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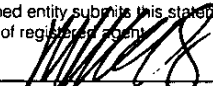
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02012008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0862442	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRALL, MARK L ESQ. 616 EAST ATLANTIC AVENUE DELRAY BEACH, FL 33483	
7. Name and Address of New Registered Agent Name Marc Stanley Street Address (P.O. Box Number is Not Acceptable) 2515 SR 7, Suite 230 City Wellington FL Zip Code 33414	

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  DATE **2-13-08**

Signature typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000073436	STREET ADDRESS	
NAME	P.C. PEMBROKE, INC.	CITY-ST-ZIP	
STREET ADDRESS	2515 SR 7, SUITE 230		
CITY-ST-ZIP	WELLINGTON, FL 33414		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to prepare this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **MARC D. STANLEY** DATE **2-13-08** DAYTIME PHONE # **850/1107838**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE