

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

|  |   |   |
|--|---|---|
| <b>DOCUMENT # L00000000787</b>   |   |  |
| 1. Entity Name<br><b>PROFESSIONAL SQUARE AT GRAN PARKWAY, L.L.C.</b>   |   |   |
| Principal Place of Business<br><b>1865 AIRPORT ROAD<br/>STUART, FL 34996</b>   | Mailing Address<br><b>1865 AIRPORT ROAD<br/>STUART, FL 34996</b>      |   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |   |
|  |   | 01102007 No Chg-LLC CR2E083 (11/05)   |
| 4. FEI Number<br><b>65-1005141</b>   |   | Applied For<br>Not Applicable   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$5.00</b> Additional Fee Required   |
| 6. Name and Address of Current Registered Agent  |   |   |
| <b>WORRELL, JOHN<br/>1865 AIRPORT ROAD<br/>STUART, FL 34996</b>  |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <b>D<br/>WORRELL, JOHN<br/>1865 AIRPORT ROAD<br/>STUART, FL 34996</b> |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  |   |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  |   |   |
| <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |   |   |
| 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. |   |   |
| <b>SIGNATURE</b>  <b>JOHN WORRELL</b>   |   | <b>1-11-07</b> <b>772-220-3421</b>  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   |   | Date Daytime Phone #  |

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01/17/07-80042-025 50.00