




**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L00000000788		
1. Entity Name PROFESSIONAL SQUARE AT LIONEL STREET, L.L.C.		
Principal Place of Business 1865 AIRPORT ROAD STUART, FL 34996	Mailing Address 1865 AIRPORT ROAD STUART, FL 34996	 01102007 No Chg-LLC CR2E083 (11/05)
DO NOT WRITE IN THIS SPACE		
4. FEI Number 65-1005138		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent WORRELL, JOHN 1865 AIRPORT ROAD STUART, FL 34996		
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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____ Filing Fee is \$50.00 Due by May 1, 2007 000000586877 01/17/07-80011-016 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WORRELL, JOHN 1865 AIRPORT ROAD STUART, FL 34996	
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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:  JOHN WORRELL 1-11-07 772-220-3421 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		