2004	IINIEADM	DUCINECS DEDODT	/IIDD1
2 00 i	UNIFURM	BUSINESS REPORT	(UDK)

SIGNATURE:

						t — — —	-,					
DOCUMENT # L0000001064												
RINEY PROFESSIONAL CENTER, LLC							FILED					
							01 JAN (19 (PN 44: 30)					
Principal Place		· ·	Mailing A				-	·				
93 SEA MARS AMELIA ISLAN				MARSH ROAD ISLAND FL 32034	ļ			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business 3. Mailing Address							I REDIKENT BIK BENK KONK BOKK EDIKI BOKH BOKH BOKK BOKA BOKA NEW BOKK DINK CHEK ITBI					
Suite, Apt. #, etc Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE							
City & State City & State			State			4. FEI	Number :		$\overline{}$	oplied For ot Applicable		
Zip		Country -	Zip Cour		Coun	try	5. Cert	ificate of Status Desired		00 Add Required	ditional	
	6. Name	and Address of Currer	nt Registered	Agent		Name	7. Nam	e and Address of New R	egistered Agen	ıt		
RINEY, M/	ADV A					Street Address (P.O. Box Number is Not Acceptable)						
93 SEA M		AD	~			Street Ad	dress (P.O. Box I	number is not acceptable	, 			
AMELIA IS	SLAND FL	32034	1			3						
						City FL Zip Code						
8. The above	named entit	y submits this statement	for the purpos	e of changing its i	registere	ed office or r	egistered agent,	or both, in the State of Flo	rida.			
SIGNATURE _	Cincatus Las		at and title if anyline	Ma (NOTE	Desistan	d 4		£	DATE			
	Signature, typed	or printed name of registered age	nt and the ir applica				e required when reinsta	nud)	DATE			
		(м	FILE NC ake Check Pay		FEE IS \$5 o Departm						
9.		MANAGING MEM			10.			ADDITIONS/	CHANCES			
TITLE	, .	WANAGING MEM	DENS/IVIENIDI	Delete	TITLE		 			Change	Addition	
NAME STREET ADDRESS					MAN	E ET ADDRESS	J. Do	nald Rine	nell ch	eg 10	15 Mondo	
CITY-ST-ZIP						-ST-ZIP	Ame	nald Rine a Marsh ' lis Islam	2 F2	3.	2034	
TITLE				☐ Delete	TITLE			800003	└	Change	☐ Addition	
NAME STREET ADDRESS					NAM STRE	ET ADDRESS		-01/2	6701DT	040	-012 -	
CITY-ST-ZIP					_	-ST-ZIP	<u> </u>	****			*50.00	
TITLE NAME				☐ Delete	TITLE NAM		•			Change	Addition	
STREET ADDRESS						ET ADDRESS -ST-ZIP						
TITLE			• •	☐ Delete	TITLE					Change	Addition	
NAME					NAM	E			_	·		
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP		. /	,			
TITLE		•		☐ Delete	TITLE	1		M		Change	☐ Addition	
NAME STREET ADORESS					nam Stre	ET ADDRESS			j	_		
CITY-ST VIP					_	-ST-ZiP						
NAME NAME				☐ Delete	TITLE NAM					Change	Addition	
STREET ADDRESS						ET ADDRESS	=					
11. I hereby c	ertify that th	e information supplied wi	ith this filing do	es not qualify for ature shall have the	the exe	-\$T-ZIP mption state legal effect	d in Section 119	.07(3)(i), Florida Statutes. I er oath: that I am a manao	further certify th	nat the in	nformation r of the	
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: Managing 1/12/01 904-261-5575											1-5575	
3.3.1711		AND TYPED OR PRINTED NAME	OF SIGNING MAN	AGING MEMBER, MANA	AGER, OR	AUTHORIZED R	EPRESENTATIVE	Date	Daytime	Phone #		