2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000002328

1. Entity Name

NORCROSS PROFESSIONAL CENTER, L.L.C.

Principal Place of Business	Mailing Address
2420 JENKS AVE., UNIT 6 PANAMA CITY FL 32405	2420 JENKS AVE., UNIT 6 PANAMA CITY FL 32405

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E063 (10/05)

4. FEI Number 59-3638089 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BRUDNICKI, GREG
2403 HARRISON AVENUE
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUDNICKI, GREG M 2403 HARRISON AVENUE PANAMA CITY FL 32405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000436192 02/27/06--80027--017 50.00	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] GREG M Brudnicki 2/15/06 850 769-6141