

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006705

FILED
Jan 11, 2005
Secretary of State

Entity Name: MIDPOINT PROFESSIONAL CENTER, LLC

Current Principal Place of Business:

1429 COLONIAL BLVD.
FORT MYERS, FL 339071060

New Principal Place of Business:

1429 COLONIAL BLVD.
SUITE 201
FORT MYERS, FL 339071060

Current Mailing Address:

1429 COLONIAL BLVD.
FORT MYERS, FL 339071060

New Mailing Address:

1429 COLONIAL BLVD.
SUITE 201
FORT MYERS, FL 339071060

FEI Number: 65-1016291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORRESTER, JAMES H
6687 KESTREL CIR.
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FORRESTER, JAMES H
Address: 6687 KESTREL CIR.
City-St-Zip: FT. MYERS, FL 33912

Title: MGRM () Delete
Name: FORRESTER, SUSAN M
Address: 6687 KESTREL CIR.
City-St-Zip: FT. MYERS, FL 33912

Title: MGRM () Delete
Name: FULLENKAMP, DENNIS J
Address: 12801 TREELINE CT
City-St-Zip: N. FT. MYERS, FL 33903

Title: MGRM () Delete
Name: WHITAKER, SCOTT C
Address: 4604 SW 5TH AVE.
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES H. FORRESTER

MGR

01/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date