

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000006705

1. Entity Name  
MIDPOINT PROFESSIONAL CENTER, LLC



Principal Place of Business  
1429 COLONIAL BLVD.  
SUITE 201  
FORT MYERS, FL 33907-1060

Mailing Address  
1429 COLONIAL BLVD.  
SUITE 201  
FORT MYERS, FL 33907-1060



01232006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1016291

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORRESTER, JAMES H 6687 KESTREL CIR. FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORRESTER, SUSAN M 6687 KESTREL CIR. FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULLENKAMP, DENNIS J 12801 TREELINE CT N. FT. MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITAKER, SCOTT C 4604 SW 5TH AVE. CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1001110408900  
02/07/06-80111-005 50.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:   
James H. Forrester  
MANAGING MEMBER

1/29/06 272-939-1188  
Date Daytime Phone #