


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000006705 1. Entity Name MIDPOINT PROFESSIONAL CENTER, LLC	
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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
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01072007 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 <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


**Filing Fee is \$50.00
Due by May 1, 2007**

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	

U00000581368
01/10/07-80083-024 50.00

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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:  **1/8/07** **739-929-1188**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #