

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92178 006 ****55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000009233			
1. Entity Name PROFESSIONAL DRIVE, LLC			
Principal Place of Business 135 PROFESSIONAL DRIVE, SUITE 101 PONTE VEDRA BEACH, FL 32082		Mailing Address 135 PROFESSIONAL DRIVE, SUITE 101 PONTE VEDRA BEACH, FL 32082	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3662011		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOTOLAW, INC. 60 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202		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 _____ DATE _____ Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent's Signature required when filing statement.)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARTLETT, BARON 135 PROFESSIONAL DRIVE PONTE VEDRA BEACH, FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: 		4-29-03 104-2955299	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

CR2E083 (1/02)