


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90316 034 ****50.00

DOCUMENT # L01000001600 1. Entity Name SAN JOSE PROFESSIONAL CENTER LLC	
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Principal Place of Business 8823 SAN JOSE BLVD., SUITE 310 JACKSONVILLE, FL 32217	Mailing Address 8823 SAN JOSE BLVD., SUITE 310 JACKSONVILLE, FL 32217
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02202004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3697257	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

INTERSTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI, FL 33131

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR INTERNATIONAL MANAGEMENT COMPANY, INC. 8823 SAN JOSE BLVD., SUITE 310 JACKSONVILLE, FL 32217
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**DO NOT WRITE
IN THIS SPACE**

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:  **EDWARD SAOUD** **FEB 26, 04** **904-737-8886**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #