

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002244

FILED
Jan 24, 2006
Secretary of State

Entity Name: LELY PROFESSIONAL CENTER DEVELOPMENT, LLC

Current Principal Place of Business:

12810 TAMIAMI TRAIL N.
NAPLES, FL 34110

New Principal Place of Business:

12810 TAMIAMI TRAIL NORTH
NAPLES, FL 34110

Current Mailing Address:

12810 TAMIAMI TRAIL N.
NAPLES, FL 34110

New Mailing Address:

12810 TAMIAMI TRAIL NORTH
NAPLES, FL 34110

FEI Number: 59-3700377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBISON, STEPHEN V
12810 TAMIAMI TRAIL N.
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

ROBISON, STEPHEN V
12810 TAMIAMI TRAIL NORTH
NAPLES, FL 34110 US

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:

01/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GATE MCVEY CAPITAL G, ROUP, L.L.C.
Address: 12810 TAMIAMI TRAIL N.
City-St-Zip: NAPLES, FL 34110

Title: MGRM () Delete
Name: RICHARDT, HELUMT A
Address: 12840 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GATES MCVEY CAPITAL, GROUP, LLC
Address: 12810 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34110

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 Chapter 119, 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: STEPHEN V ROBISON

MGRM

01/24/2006

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