

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 30 AM 10:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # L01000003781
1. Entity Name
WORKPLACE PROFESSIONAL INVESTORS, LLC

Principal Place of Business
3801 PGA BLVD.
SUITE 555
PALM BEACH GARDENS, FL 33410

Mailing Address
3801 PGA BLVD.
SUITE 555
PALM BEACH GARDENS, FL 33410

2. Principal Place of Business
Suite, Apt. #, etc.
Suite 600

3. Mailing Address
Suite, Apt. #, etc.
Suite 600

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **26-2157523** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**REGSERV CORP.
3801 PGA BLVD.
SUITE 555
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3801 PGA Boulevard, Suite 600
City **FL** Zip Code

B. 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)

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	MGR RENDINA, BRUCE A 3801 PGA BLVD, STE 600 WEST PALM BEACH, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800017562898 04/30/03--01055--007 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE: **4/1/03** DAYTIME PHONE #: **(561) 630-5055**

CR2E083 (10/02)