


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90001 040 \*\*\*\*50.00

**DOCUMENT # L01000007470** ✓  
 1. Entity Name  
 CONWAY PROFESSIONAL BUILDING, LLC



Principal Place of Business  
 1632 N. COUNTY ROAD 427  
 LONGWOOD, FL 32750

Mailing Address  
 1632 N. COUNTY ROAD 427  
 LONGWOOD, FL 32750

**24065304**

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

3. Mailing Address  
 1632 N. Ronald Reagan Blvd.

Suite, Apt. #, etc.



04222004 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number  
 59-3720905 ✓

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

DELGADO, DAVID C  
 1632 N. COUNTY ROAD 427  
 LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 1632 N. Ronald Reagan Blvd.

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELGADO, DAVID C 1632 NORTH COUNTY RD.,427 LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1632 N. Ronald Reagan Blvd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. DAVID C. DELGADO MANAGEMENT CONSULTANTS INT'L OF CENTRAL FLORIDA 1632 N. RONALD REAGAN BLVD LONGWOOD, FL 32750	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MGMT CONSULTANTS OF C.F. INC. DAVID C. DELGADO 1632 N. RONALD REAGAN BLD. LONGWOOD FL 32750	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** David C. Delgado **4/27/04** **834-4000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #