## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L01000007470

1. Entity Name

CONWAY PROFESSIONAL BUILDING, LLC



**FILED** Apr 21, 2006 08:00 AM Secretary of State

Principal Place of Business

3203 S CONWAY ROAD ORLANDO, FL 32812

Mailing Address

1632 N RONALD REAGAN BLVD LONGWOOD, FL 32750



03292006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3720905

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

DELGADO, DAVID C

## DO NOT WRITE

1632 N RONALD REAGAN BLVD LONGWOOD, FL 32750			IN THIS SPACE
	e named entity submits this statement for the purpose of cha tions of registered agent.	inging its registered office or re	pistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and fills if applicable.	(NOTE, Registered Agent signature	Squied when repressing) OATE
F	lling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELGADO, DAVID C 1632 N RONALD REAGAN BLVD LONGWOOD, FL 32768		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000524076 05/03/06-20039-001 50.00
NAME STREET ADORESS CNY-S1-ZIP			DO NOT WRITE
ITTLE NAME STREET ADDRESS GITY-51-2IP			IN THIS SPACE
TATLE MANNE STREET AODRESS CITY-ST-ZIP			
TITLE NAME STHEET ADDRESS CITY-ST-ZIP			

11. It hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 it 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE