

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008823

FILED
Apr 27, 2007
Secretary of State

Entity Name: RANGE ROAD PROFESSIONALS, L.L.C.

Current Principal Place of Business:

6911 PISTOL RANGE ROAD
101B
TAMPA, FL 33635

New Principal Place of Business:

6921 PISTOL RANGE ROAD
101
TAMPA, FL 33635

Current Mailing Address:

6911 PISTOL RANGE RD..
101B
TAMPA, FL 33635

New Mailing Address:

6921 PISTOL RANGE RD..
101
TAMPA, FL 33635

FEI Number: 59-3730230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORINO, DONALD J
6911 PISTOL RANGE RD.
SUITE 101B
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

FORINO, DONALD J
6921 PISTOL RANGE RD.
SUITE 101
TAMPA, FL 33635 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:

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEST BAY PROFESSIONA, LS, LLC
Address: 6911 PISTOL RANGE RD. 101B
City-St-Zip: TAMPA, FL 33635

Title: MGRM () Delete
Name: TIWARY, ALKA D
Address: 2771 CAMDEN RD.
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WEST BAY PROFESSIONA, LS, LLC
Address: 6921 PISTOL RANGE RD. 101
City-St-Zip: TAMPA, FL 33635

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ALKA D. TIWARY

MGRM

04/27/2007

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