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FILED
May 01, 2002 8:00 am
Secretary of State

04-01-2002 90726 008 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010766

1. Entity Name

MALABAR PROFESSIONAL PLAZA, LC

Principal Place of Business

417 PALM SPRINGS BLVD.
INDIAN HARBOUR BEACH FL 32937

Mailing Address

417 PALM SPRINGS BLVD.
INDIAN HARBOUR BEACH FL 32937

2. Principal Place of Business

775 Malabar Rd

Suite, Apt. #, etc.

3. Mailing Address

775 Malabar Rd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Malabar Fl

Zip

32930

Country

Brevard

City & State

Malabar Fl

Zip

32930

Country

Brevard

4. FEI Number

59-3769853

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRESE, GARY B
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE: **MGR** Delete
NAME: **TOTTY CONSTRUCTION, INC.**
STREET ADDRESS: **417 PALM SPRINGS BLVD.**
CITY - ST - ZIP: **INDIAN HARBOUR BEACH FL 32937**

TITLE: Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
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TITLE: Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
 Delete

10. ADDITIONS / CHANGES

TITLE: Change Addition
NAME: *Doris M. Brady*
STREET ADDRESS: *775 Malabar Road*
CITY - ST - ZIP: *Malabar Fl 32930*

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
 Change Addition

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
 Change Addition

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
 Change Addition

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
 Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Doris M. Brady*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-19-02

Date

321-722-8435

Daytime Phone #

CR2E083 (9/01)