


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90294 019 ****50.00

DOCUMENT # L01000011458 1. Entity Name LOFTON PROFESSIONAL PLAZA, L.L.C.	
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Principal Place of Business 86002 CHRISTIAN WAY YULEE, FL 32097 US	Mailing Address 86002 CHRISTIAN WAY YULEE, FL 32097 US
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DO NOT WRITE IN THIS SPACE



02232005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3731362	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCRANIE, JR., DANIEL I 86002 CHRISTIAN WAY YULEE, FL 32097	DO NOT WRITE IN THIS SPACE
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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.

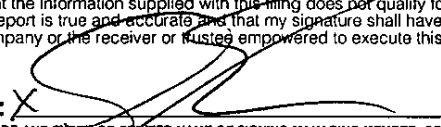
SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHISM, WAYNE R 86002 CHRISTIAN WAY YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCRANIE, DANIEL I JR 86002 CHRISTIAN WAY YULEE, FL 32097
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**DO NOT WRITE
IN THIS SPACE**

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:  **3-9-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #