

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90422 013 ****55.00

DOCUMENT # L01000012296					
1. Entity Name PROFESSIONAL PLACE, L.L.C.					
Principal Place of Business 3825 HENDERSON BLVD. SUITE 207 TAMPA, FL 33629			Mailing Address 3825 HENDERSON BLVD. SUITE 207 TAMPA, FL 33629		
2. Principal Place of Business 7282 55th Ave East Suite, Apt. #, etc. Suite 191 City & State Bradenton, FL 34		3. Mailing Address 7282 55th Ave East Suite, Apt. #, etc. Suite 191 City & State Bradenton, FL			
Zip 34203		Country		03092005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 59-3736990				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, ROBERT J 3825 HENDERSON BLVD. SUITE 207 TAMPA, FL 33629			7. Name and Address of New Registered Agent Name Robert J. Martin Street Address (P.O. Box Number is Not Acceptable) 7282 55th Ave East Suite 191 City Bradenton FL Zip Code 34203		
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		Robert J. Martin		4.1.05	
(NOTE: Registered Agent signature required when reappointing)		DATE			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, ROBERT J 3825 HENDERSON BLVD., STE 207 TAMPA, FL 33629	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7282 55th Ave E, Suit 191 Bradenton, FL 34203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> 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:		Robert J. Martin, Mgr		4.1.05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	