
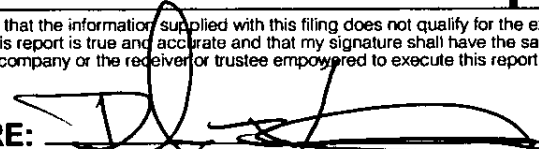


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90063 018 \*\*\*138.75

<b>DOCUMENT # L01000012296</b> 1. Entity Name <b>PROFESSIONAL PLACE, L.L.C.</b>					
Principal Place of Business <b>7282 55TH AVE EAST SUITE 191 BRADENTON, FL 34203</b>			Mailing Address <b>57282 55TH AVE EAST SUITE 191 BRADENTON, FL 34203</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>7282 55th Ave East</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 191</b>			
City & State		City & State <b>Bradenton, FL</b>			
Zip	Country	Zip <b>34203</b>	Country <b>USA</b>	4. FEI Number <b>59-3736990</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARTIN, ROBERT J 7282 55TH AVE EAST SUITE 191 BRADENTON, FL 34203</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MARTIN, ROBERT J 7282 55TH AVE E, SUITE 191 BRADENTON, FL 34203</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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 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.					
<b>SIGNATURE:</b>  <b>Robert Martin</b> 4-15-08 941-650-1809					