

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000015051

1. Entity Name

LAKE UNDERHILL PROFESSIONAL BUILDING, L.L.C.



Principal Place of Business

7824 LAKE UNDERHILL ROAD, SUITES D & E
ORLANDO, FL 32822

Mailing Address

7824 LAKE UNDERHILL ROAD, SUITES D & E
ORLANDO, FL 32822



01062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3744319

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALPEROVICH, ALEXANDER
7824 LAKE UNDERHILL ROAD, SUITES D & E
ORLANDO, FL 32822

**DO NOT WRITE
IN THIS SPACE**

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**

U000000270236
03/19/05-80043-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALPEROVICH, ALEXANDER MD
STREET ADDRESS	7824 LAKE UNDERHILL RD STE D&E
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	MGRM
NAME	KELLY, BRAIN D DO
STREET ADDRESS	7824 LAKE UNDERHILL RD STE D&E
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	MGRM
NAME	HARRIS, GLENN K MD
STREET ADDRESS	7824 LAKE UNDERHILL RD STE D&E
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

1-10-05