

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 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



01092007 No Chg-LLC

CR2E083 (11/05)

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

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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, 2007**

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	

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05/24/07-80053-017 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

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

Date

Daytime Phone #

4/30/07 (407) 273-2378