

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 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



03132008No Chg-LLC

CR2E083 (12/07)

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000895997
04/24/08-80090-022 138.75

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

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

Date

Daytime Phone #

4/10/08