2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000015555

1. Entity Name
FLORIDA COASTAL PROFESSIONAL CENTER, LLC

Principal Place of Business	Mailing Address
210 MOORINGLINE DRIVE NAPLES, FL 34102	1250 N TAMIAMI TRL # 101 NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

04132005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
59-3751330	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, KEVIN G
4001 TAMIAMI TRAIL NORTH, STE. 300
NAPLES, FL 34103

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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

U00000341443
04/29/05-80017-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TURNER, BERNARD L
STREET ADDRESS	210 MOORINGLINE DRIVE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	MGR
NAME	TURNER, RITA
STREET ADDRESS	210 MOORINGLINE DRIVE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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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 608, Florida Statutes.

SIGNATURE: _Bernard T Turner_   4/19/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #