## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 21, 2008 08:00 Al Secretary of State

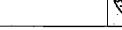
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1. Entity Name

MADDOX PROFESSIONAL CENTER, L.L.C.

Principal Place of Business

8 JUNIPER COURT AMELIA ISLAND, FL 32034



Mailing Address

8 JUNIPER COURT AMELIA ISLAND, FL 32034



02112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 26-0562301 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

6. Name and Address of Current Registered Agent

MADDOX, GUY F JR 8 JUNIPER CT AMELIA ISLAND, FL 32034

## 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.
	$oldsymbol{\cdot}$

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

U00000910883 05/07/08-80018-006 138.75

9.	MANAGING MEMBERS/MANAGERS	OF HORRERE PERSONAL PRINCIPLE SADVENCE PRINCIPLE SALVA CONTRACTOR OF THE CONTRACTOR
TITLE	MGR	
NAME	MADDOX, GUY F JR.	
STREET ADDRESS	8 JUNIPER COURT	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
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NAME		
STREET ADDRESS		
CITY-ST-ZIP	,	
TITLE		
NAME		
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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 flability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4/17/08

904261-7666

Daytime Phone #