


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000018493 1. Entity Name CARROLLWOOD PROFESSIONAL BUILDING, LLC	
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Principal Place of Business 4809 EHRlich RD. STE. 203 TAMPA, FL 33624	Mailing Address 4809 EHRlich RD. STE. 203 TAMPA, FL 33624
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3755183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LEGENDRE, PERCY J III 4809 EHRlich RD. STE 203 TAMPA, FL 33624	DO NOT WRITE IN THIS SPACE
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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** _____



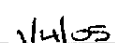
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEGENDROD, PERCY J II 4809 EHRlich RD. STE 203 TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BASHER, THOMASENA L 4809 EHRlich RD. STE 203 TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMILEY, DOUGLAS A 4809 EHRlich RD. STE 203 TAMPA, FL 33624
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/07/05-80023-021 50.00

**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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date 1/4/05 Daytime Phone #