
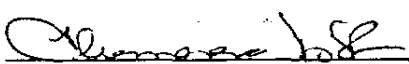


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000018493 1. Entity Name CARROLLWOOD PROFESSIONAL BUILDING, LLC		
Principal Place of Business 4809 EHRlich RD. STE. 203 TAMPA, FL 33624	Mailing Address 4809 EHRlich RD. STE. 203 TAMPA, FL 33624	
DO NOT WRITE IN THIS SPACE		
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
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>1-5-06</u> <small>Daytime Phone #</small>



01052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3755183
Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

000000381271
01/11/06-80047-005 50.00

**DO NOT WRITE
IN THIS SPACE**