

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018814

**FILED**  
**Mar 12, 2009**  
**Secretary of State**

**Entity Name:** GOODLETTE PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

680 GOODLETTE ROAD NORTH  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

C/O COLONIAL SQUARE REALTY  
P.O BOX 10608  
NAPLES, FL 34101

**New Mailing Address:**

**FEI Number:** 03-0400036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLONIAL SQUARE REALTY  
1048 GOODLETTE RD SUITE 201  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

COLONIAL SQUARE REALTY  
1048 GOODLETTE RD  
SUITE 201  
NAPLES, FL 34102 US

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.

**SIGNATURE:** CLIFFORD OLSON

03/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** SCHUETTE, LANA  
**Address:** 811 WEST COUNTY RD F  
**City-St-Zip:** SHOREVIEW, MN 55126

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** LANA SCHUETTE

MGR

03/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date