

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000018814

**FILED**  
**Mar 27, 2012**  
**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:**

C/O COLONIAL SQUARE MGMT. GROUP, LLC  
P.O BOX 10608  
NAPLES, FL 34101

**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 MGMT. GROUP, LLC  
720 GOODLETTE ROAD N.  
FLOOR 5  
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: COLONIAL SQUARE MGMT. GROUP, LLC

03/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

I hereby 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

03/27/2012

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