


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000021996 1. Entity Name SOUTHWEST PROFESSIONAL CENTER, L.L.C.	
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Principal Place of Business 7743 SW S.R. 200 OCALA, FL 34476	Mailing Address 7743 SW S.R. 200 OCALA, FL 34476
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01102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1158249	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BISHOP, W.E. JR. 7743 SW S.R. 200 OCALA, FL 34476

**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


Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/12/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**000000386063
01/18/06-80043-015 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, ERIC 10370 SW 51ST TERRACE OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORLANDO, CHAWIVAN C 9377 SW 92 ST OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISHER, J. NEIL 3611 SE 58 AVE. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BISHOP, W.E. JR. 7743 SW S.R. 200 OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, ERIN 10370 SW 51ST TERRACE OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:


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

1/12/06
Date

352-237-9225
Daytime Phone #