

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004478

FILED
Apr 23, 2007
Secretary of State

Entity Name: HARBOR PROFESSIONAL CENTRE, L.C.

Current Principal Place of Business:

255 ALHAMBRA CIRCLE, SUITE 325
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

255 ALHAMBRA CIRCLE, SUITE 325
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERTIG, JAY
255 ALHAMBRA CIRCLE, SUITE 325
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FERTIG, JAY
Address: 255 ALHAMBRA CIR STE 325
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: MACNAIR, CHRISTOPHER J
Address: 255 ALHAMBRA CIR STE 325
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Delete
Name: GANT, STEVEN D
Address: 12653 SW COUNTY RD 769 STE A
City-St-Zip: LAKE SUZY, FL 34269

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER J. MACNAIR

MGR

04/23/2007

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