


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90316 013 \*\*\*\*50.00

<b>DOCUMENT # L02000008951</b> 1. Entity Name <b>CORAL SPRINGS PROFESSIONAL CAMPUS, LLC</b>																													
Principal Place of Business <b>C/O ROSEN &amp; EICHNER</b> <b>2500 WESTON ROAD</b> <b>WESTON, FL 33331-3617</b>			Mailing Address <b>C/O ROSEN &amp; EICHNER</b> <b>2500 WESTON ROAD</b> <b>WESTON, FL 33331-3617</b>																										
2. Principal Place of Business <b>1545 N. Park Drive</b>		3. Mailing Address <b>1545 N. Park Drive</b>																											
Suite, Apt. #, etc. <b>Suite 104</b>		Suite, Apt. #, etc. <b>Suite 104</b>																											
City & State <b>Weston, Florida</b>		City & State <b>Weston, Florida</b>		4. FEI Number <b>04-3652132</b>																									
Zip <b>33326</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>ROSEN, HARRY ESQ</b> <b>C/O ROSEN &amp; EICHNER</b> <b>2500 WESTON ROAD</b> <b>WESTON, FL 33331-3617</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>																										
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>			<b>Make check payable to</b> <b>Florida Department of State</b>																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>INTERCONTINENTAL INVESTMENTS, LLC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2500 WESTON ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WESTON, FL 33331-3617</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	INTERCONTINENTAL INVESTMENTS, LLC		STREET ADDRESS	2500 WESTON ROAD		CITY-ST-ZIP	WESTON, FL 33331-3617		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">1545 N. Park Drive, Suite 104</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Weston, Florida 33326</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	1545 N. Park Drive, Suite 104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Weston, Florida 33326		STREET ADDRESS			CITY-ST-ZIP		
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**SIGNATURE:**

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

Date

954-515-0039

Daytime Phone #