2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

1. Entity Name CORAL SPRINGS PROFESSIONAL CAMPUS, LLC			03-01-2004 9	90316 013 ****50.00
Principal Place of Posiness C70-ROSEN 8-EICHNER 2500 WESTON ROAD WESTON FL 33931-3617	Mailing Address C/O ROSEN & EICHNER 2500 WESTON ROAD WESTON, FL 33331-361	7	 	111
2. Principal Place of Business 1545 N. Park Drive	3. Mailing Address 1545 N. Park I	Drive		
Suite, Apt. #, etc. Suite 104	Suite, Apt. #, etc. Suite 104		02122004 Chg-LLC	CR2E083 (10/03)
City & State Weston, Florida	City & State Weston, Floric		4. FEI Number 04-3652132	Applied For Not Applicable
33326 Country USA	33326	Country USA	5. Certificate of Status Desired	\$5.00 Additional Fee Required
6. Name and Address of Current	Registered Agent	Name	7Name and Address of New Reg	gistered Agent
ROSEN, HARRY ESQ SUITE C/O ROSEN & EICHNER 2500 WESTON ROAD	Street Address		(P.O. Box Number is Not Acceptable)	
WESTON, FL 33331-3617				,
	** • •	City		FL Zip Code
 The above named entity submits this statement fo the obligations of registered agent. 	r the purpose of changing its re	gistered office or registe	ered agent, or both, in the State of Flori	da. I am familiar with, and accept
SIGNATURE	and title if applicable. (NOTE: Re	egistered Agent signature require	ed when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2004				check payable to Department of State
9. MANAGING MEMBE		10.	ADDITIONS/C	
NAME INTERCONTINENTAL INVESTM STREET ADDRESS 2500 WESTON ROAD CITY-ST-ZIP WESTON; FL 333313817 —	LI Delete JENTS, LLC		45 N. Park Drive, S ston, Florida 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
I hereby certify that the information supplied with indicated on this report is true and accurate and limited flability company or the receiver at trusts.	n this Ning does not qualify for it that my signature shall have the e ampowered to execute this rep	ne exemption stated in S e same legal effect as if port as required by Cha	Section 119.07(3)(i), Florida Statutes. I i made under cath; that I am a managi pter 608, Florida Statutes.	
SIGNATURE:	F SIGNING MANAGING MEMBER, MANAG	GER, OR AUTHORIZED REPRE	SENTATIVE Date	954-515-0039 Daytime Phone #