

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90016 008 ****50.00

DOCUMENT # L02000009806

1. Entity Name
PALM BEACH PROFESSIONAL PARK, LLC



Principal Place of Business
42 BARKLEY CIRCLE, #3
FT. MYERS, FL 33907 US

Mailing Address
42 BARKLEY CIRCLE, #3
FT. MYERS, FL 33907 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162006

Chg-LLC

CR2E083 (11/05)

4. FCI Number
04-3693504

Approved For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, RONALD L JR.
42 BARKLEY CIRCLE, #3
FT. MYERS, FL 33907

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

FL

Zip Code

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, handwritten name of registered agent with title (if applicable)

(NOTE: Registered Agent signature required when a new strategy)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
DAVIS, RONALD L.
42 BARKLEY CIRCLE, #3
FT. MYERS, FL 33907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
D'ANDREA, ROBERT
42 BARKLEY CIRCLE, #3
FT. MYERS, FL 33907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
LAUTENBACH, PETE
14651 PALM BEACH BLVD., #100
FT. MYERS, FL 33905 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

R. D'Andrea

Robert D'Andrea

4-3-06 239-277-1101

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

DATE

DAYTIME PHONE #