

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000013571

1. Entity Name
TUSKAWILLA PROFESSIONAL OFFICES, LLC



FILED

2006 FEB -7 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

~~2684 WHARTON CIRCLE~~
~~TALLAHASSEE, FL 32312~~

Mailing Address

~~PO BOX 15364~~
~~TALLAHASSEE, FL 32317-5364~~

2. Principal Place of Business

1030 Spring Villas Point

3. Mailing Address

P.O. Box 4658

01252006 Chg-LLC CR2E083 (11/05)

Suite, Apt. #, etc.
Suite 2000

Suite, Apt. #, etc.

4. FEI Number

03-0459851

Applied For

Not Applicable

City & State

Winter Springs, Florida

City & State

Winter Park, Florida

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Zip
32708

Country
U.S.A.

Zip
32793

Country
U.S.A.

6. Name and Address of Current Registered Agent

~~KUHMANN, J.H.~~
~~2684 WHARTON CIRCLE~~
~~TALLAHASSEE, FL 32312~~

7. Name and Address of New Registered Agent

Name Ramsey W. Dulin, Esq.

Street Address (P.O. Box Number is Not Acceptable)

201 East Pine Street

Suite 425

City

Orlando

FL

Zip Code
32801

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]

Ramsey W. Dulin

1/30/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE ~~MGRM~~ ☒ Delete
NAME ~~KUHMANN, JOHN H~~
STREET ADDRESS ~~2684 WHARTON CIRCLE~~
CITY-ST-ZIP ~~TALLAHASSEE, FL 32312~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME JEFFREY A. KAISER
STREET ADDRESS 1030 Spring Villas Point, Suite 2000
CITY-ST-ZIP Winter Springs, Florida 32708

TITLE ☐ Change ☐ Addition
NAME 500065849865
STREET ADDRESS 02/14/06--01050--007 **50.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

[Signature] JEFFREY A. KAISER, MGRM

Date

Daytime Phone #

1/30/06 407/678-0204