

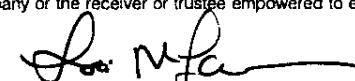


FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L03000000533 1. Entity Name 6731 PROFESSIONAL PARKWAY WEST, LLC				Apr 07, 2008 08: Secretary of St	
Principal Place of Business 107 S. OSPREY AVENUE SARASOTA, FL 34239		Mailing Address 107 S. OSPREY AVENUE SARASOTA, FL 34239			
DO NOT WRITE IN THIS SPACE				 03252008No Chg-LLC CR2E083 (12/07)	
				4. FEI Number 11-3607048	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LAWSON, LISA 107 S. OSPREY AVE # 100 SARASOTA, FL 34236				DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP		MGRM LAWSON, DONALD M 107 S. OSPREY AVENUE SARASOTA, FL 34239			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		MGRM LAWSON, LISA M 107 S. OXPREY AVE. SARASOTA, FL 34239			
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DO NOT WRITE IN THIS SPACE					
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: 		4-3-2008 9417805910			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					