

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90095 050 ****55.00

DOCUMENT # L03000001361			
1. Entity Name HAMPTON PROFESSIONAL CENTER, L.L.C.			
Principal Place of Business 7950 NW 155 STREET SUITE 104 MIAMI LAKES, FL 33016		Mailing Address 7950 NW 155 STREET SUITE 104 MIAMI LAKES, FL 33016	
2. Principal Place of Business 6450 W 21 COURT Suite, Apt. #, etc. # 301 City & State Hialeah, Florida Zip 33016 Country USA		3. Mailing Address 6450 W 21 COURT Suite, Apt. #, etc. # 301 City & State Hialeah, Florida Zip 33016 Country USA	
4. FEI Number 33-1044057		04192005 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent DELGADO, OSCAR J 7950 NW 155 STREET SUITE 104 MIAMI LAKES, FL 33016		7. Name and Address of New Registered Agent Name: Delgado, Oscar J Street Address (P.O. Box Number is Not Acceptable) 6450 W 21 COURT # 301 City: Hialeah FL Zip Code: 33016	
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 _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELGADO, OSCAR J 7950 NW 155 STREET MIAMI LAKES, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Delgado, Oscar J. 6450 W 21 CT # 301 Hialeah, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		Oscar J. Delgado 4/20/05 (305)828-4070	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	