

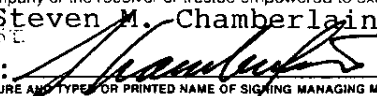


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90276 033 \*\*\*\*50.00

<b>DOCUMENT # L03000015159</b> 1. Entity Name <b>PROFESSIONAL PROPERTIES OF GAINESVILLE, LLC</b>					
Principal Place of Business <b>4041-B NW 37TH PLACE GAINESVILLE, FL 32606</b>			Mailing Address <b>PO BOX 15494 IRVINE, CA 92623</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>4041-B NW 37th Place</b>		3. Mailing Address <b>Steven M. Chamberlain</b> Suite, Apt. #, etc. <b>618 NE First Street</b>			
City & State <b>Gainesville, FL 32606</b>		City & State <b>Gainesville, FL</b>		02242004 Chg-LLC CR2E083 (10/03)	
Zip <b>32606</b>		Country <b>U.S.A.</b>		4. FEI Number <b>54-2113878</b>	
Zip <b>32601</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CHAMBERLAIN, STEVEN M 618 NE 1ST ST GAINESVILLE, FL 32606</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Manager Tony Trikonakis PO Box 15494 Irvine, CA 92623</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>Steven M. Chamberlain - Authorized Representative</b> SIGNATURE:  <b>2/25/04 352-375-8540</b> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					