

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019678

FILED  
Mar 04, 2009  
Secretary of State

**Entity Name:** SEASIDE PROFESSIONAL SUITES, L.L.C.

**Current Principal Place of Business:**

3649 CARMICHAEL DRIVE  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

3649 CARMICHAEL DRIVE  
PUNTA GORDA, FL 33950

**New Mailing Address:**

**FEI Number:** 55-0833947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAX, ACCOUNTING & FINANCIAL ASSOCIATES  
809 WALKERBILT RD.  
SUITE 5  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

CHARLES ABLES MASSIE, CPA  
15671 SAN CARLOS BLVD.  
SUITE 201  
FORT MYERS, FL., FL 33908 US

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.

SIGNATURE: CHARLES ABLES MASSIE, CPA

03/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROWE, DAVID  
Address: 3649 CARMICHAEL DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID W. ROWE, DMD

MGR

03/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date