

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90129 009 ****50.00

DOCUMENT # L03000021057

1. Entity Name
THE ROADS PROFESSIONAL CENTER, LLC



Principal Place of Business
2730 SW 3RD AVENUE
MIAMI, FL 33129

Mailing Address
2730 SW 3RD AVENUE
MIAMI, FL 33129

20000668



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2730 SW 3RD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#203

01052007 Chg-LLC CR2E083 (12/06)

City & State

City & State

MIAMI, FL

4. FEI Number

83-0361881

Applied For

Not Applicable

Zip

Country

Zip

33149

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLLACK, JAMES F
360 GRECO AVENUE, SUITE 208
CORAL GABLES, FL 33146

Name

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

City

FL

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

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRP ☐ Delete
NAME POLLACK, JAMES F
STREET ADDRESS 360 GRECO AVENUE, SUITE 208
CITY-ST-ZIP CORAL GABLES, FL 33146

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

TITLE MGRP ☐ Delete
NAME ROSEN, KENNETH D
STREET ADDRESS 1150 MADRUGA AVENUE, 3RD FLOOR
CITY-ST-ZIP CORAL GABLES, FL 33146

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

1/11/07 3058583607