

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024099

FILED  
May 18, 2004  
Secretary of State

Entity Name: OVIEDO CROSSING PROFESSIONAL PLAZA LLC

**Current Principal Place of Business:**

5 ISLAND DRIVE  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

5 ISLAND DRIVE  
LAKE MARY, FL 32746

**New Mailing Address:**

FEI Number: 42-1597988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ARNOLD, MATHENY & EAGAN, P.A.  
801 N. MAGNOLIA AVENUE, SUITE 201  
ORLANDO, FL 32802 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: MCLEOD, SAMUEL  
Address: 455 WEST WARREN AVENUE  
City-St-Zip: LONGWOOD, FL 32750

Title: MGR ( ) Change (X) Addition  
Name: CAGGIANO, CHRISTOPHER  
Address: 455 WEST WARREN AVENUE  
City-St-Zip: LONGWOOD, FL 32750

Title: MGR ( ) Change (X) Addition  
Name: PERRY, PETER  
Address: 455 WEST WARREN AVENUE  
City-St-Zip: LONGWOOD, FL 32750

Title: MGR ( ) Change (X) Addition  
Name: BAJAJ, SANDEEP  
Address: 455 WEST WARREN AVENUE  
City-St-Zip: LONGWOOD, FL 32750

Title: MGR ( ) Change (X) Addition  
Name: DINKEL, MICHAEL  
Address: 455 WEST WARREN AVENUE  
City-St-Zip: LONGWOOD, FL 32750

Title: MGR ( ) Change (X) Addition  
Name: BUHRING, DENNIS J  
Address: 455 WEST WARREN AVENUE  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DENNIS J. BUHRING

MGR

05/18/2004

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