

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024099

FILED
Apr 26, 2007
Secretary of State

Entity Name: OVIEDO CROSSING PROFESSIONAL PLAZA LLC

Current Principal Place of Business:

455 W. WARREN AVE.
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

455 W. WARREN AVE.
LONGWOOD, FL 32750

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.
605 E ROBINSON STREET
SUITE 730
ORLANDO, FL 32801 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/MANAGERS:

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

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

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

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

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

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

ADDITIONS/CHANGES:

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

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

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

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

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

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: DENNIS J. BUHRING

MGR

04/26/2007

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