

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State



DOCUMENT # L03000024582
 1. Entity Name
MIAMI GARDENS PROFESSIONAL CENTRE, LLC

Principal Place of Business 18590 NW 67TH AVENUE SUITE 230 MIAMI, FL 33015	Mailing Address 18590 NW 67TH AVENUE SUITE 230 MIAMI, FL 33015
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DO NOT WRITE IN THIS SPACE

01072005No Chg-LLC CR2E083 (10/03)
 4. FEI Number **51-0745639** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SANCHEZ, FERNANDO
 7191 SW 127 AVENUE
 SOUTHWEST RANCHES, FL 33330**

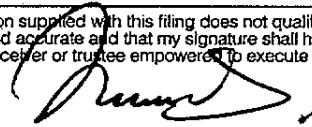
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, FERNANDO 7191 SW 127 AVENUE SOUTHWEST RANCHES, FL 33330
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 01/12/05-80023-001 50.00
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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.
SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
 Date **1-7-2005** Daytime Phone # **305-557-5594**