

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90031 001 \*\*\*\*50.00



**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**



2. Principal Place of Business  
**18300 NW 62 Avenue**  
 Suite, Apt. #, etc.  
**Suite: 300**

3. Mailing Address  
**18300 NW 62 Avenue**  
 Suite, Apt. #, etc.  
**Suite 300**

01102006 Chg-LLC CR2E083 (11/05)

City & State  
**Hialeah, Florida**

City & State  
**Hialeah, Florida**

4. FEI Number  
**51-0745639**

Applied For  
 Not Applicable

Zip Country  
**33015 USA**

Zip Country  
**33015 USA**

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**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2006**

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

**9. MANAGING MEMBERS / MANAGERS**

TITLE **MGRM**  Delete  
 NAME **SANCHEZ, FERNANDO**  
 STREET ADDRESS **7191 SW 127 AVENUE**  
 CITY-ST-ZIP **SOUTHWEST RANCHES, FL 33330**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**10. ADDITIONS / CHANGES**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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TITLE  Change  Addition  
 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

**3/13/06**  
 Date

**305-628-4600**  
 Daytime Phone #