## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # L03000026721 t. Entity Name OAKFIELD PROFESSIONAL BUILDING, L.L.C. Principal Place of Business Mailing Address 929 OAKFIELD DR. 929 OAKFIELD DR. BRANDON, FL 33511 BRANDON, FL 33511 02012006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0112022 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCDERMOTT, MICHAEL J ESQ. DO NOT WRITE 791 W. LUMSDEN RD. BRANDON, FL 33511 IN THIS SPACE 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, typed or printed name of registered agent and title it applicable. (NOte: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS TITLE MGR STUBBS, NEAL A NAME STREET ADDRESS 929 OAKFIELD DR. BRANDON, FL 33511 CITY-ST-DP mle NAME STREET ADDRESS

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**FILED** 

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this liking 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, OR AUTHORIZED REPRESENTATIVE

EDTY-ST-ZOP TITLE NAME STREET ADDRESS

CITY-ST-ZIP 3375 F

STREET ADDRESS CATY-ST-ZIP

NAME STREET ADDRESS CCTY-ST-ZP BBLE

NAME STREET ADDRESS CNY-ST-ZIP

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