

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000026721 1. Entity Name OAKFIELD PROFESSIONAL BUILDING, L.L.C.	
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Principal Place of Business 929 OAKFIELD DR. BRANDON, FL 33511	Mailing Address 929 OAKFIELD DR. BRANDON, FL 33511
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DO NOT WRITE IN THIS SPACE



03272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0112022	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDERMOTT, MICHAEL J ESQ.
791 W. LUMSDEN RD.
BRANDON, FL 33511

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STUBBS, NEAL A 929 OAKFIELD DR. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000683801
04/06/07-80007-001 50.00

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IN THIS SPACE**

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:  **3/27/07 (813) 685-3511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #