2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

03-09-2006 90003 029 ****50.00
08-03-2006 90072 033 ****50.00

DOCUMENT # L03000040330

1. Entity Name
WHITE CITY PROFESSIONAL PARK 3, LLC

07182006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
4634 S 25TH ST FT. PIERCE, FL 34981	PO BOX 14980 FT PIERCE, FL 34979

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number APPLIED FOR 65-0659103 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHWERER, ROBERT DMD 4634 S 25TH ST FORT PIERCE, FL 34981	Name JOHN A SCHWERER DMD Street Address (P.O. Box Number is Not Acceptable) 4634 S 25th ST City FT PIERCE FL Zip Code 34981

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 [signature] 7/29/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWERER, JOHN A 706 SOUTH 6TH STREET FT. PIERCE, FL 34950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] JOHN SCHWERER 7/29/06 772 461-7323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #