

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000012127

**FILED**  
**Feb 14, 2010**  
**Secretary of State**

**Entity Name:** CROWNE PLAZA PROFESSIONAL BUILDING, LLC

**Current Principal Place of Business:**

7250 COLLEGE PKWY, STE 7  
FT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

7250 COLLEGE PKWY, STE 7  
FT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 20-1067828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHWARTZ, SCOTT C  
7250 COLLEGE PARKWAY  
SUITE 7  
FT. MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SCHWARTZ, SCOTT C  
**Address:** 7250 COLLEGE PKWY, STE 7  
**City-St-Zip:** FT MYERS, FL 33907

**Title:** MGRM  
**Name:** SCHWARTZ, SONIA A  
**Address:** 7250 COLLEGE PKWY, STE 7  
**City-St-Zip:** FT MYERS, FL 33907

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** SCOTT C. SCHWARTZ DDS

MGR

02/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date