
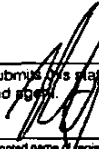
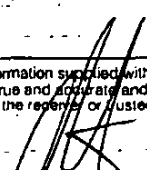


FILED
Jun 17, 2005 8:00 am
Secretary of State

05-03-2005 90023 015 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000014251			
1. Entity Name BIRD ROAD PROFESSIONAL CENTER, LLC			
Principal Place of Business 11000 NW 92 TERRACE MIAMI, FL 33178 US		Mailing Address 11000 NW 92 TERRACE MIAMI, FL 33178 US	
2. Principal Place of Business 6340 SUNSET DR.		3. Mailing Address 6340 SUNSET DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33143		Country	
4. FEI Number 80-0098831		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 ROBERT A. BRANDT, PA 1110 BRICKELL AVENUE PH-1 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: RONALD K. FELDSTINE Street Address (P.O. Box Number is Not Acceptable): 201 ALHAMBRA CIR SUITE 601 City: CORAL GABLES FL Zip: 33134	
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: 4/28/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: CABRERIZO, TOMAS STREET ADDRESS: 11000 NW 92 TERRACE CITY - ST - ZIP: MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE: Mgr. NAME: FELDSTINE, RONALD STREET ADDRESS: 201 ALHAMBRA CIRCLE, STE 601 CITY - ST - ZIP: CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 registered or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE: 4/26/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

30009521



04262005 Chg-LLC CR2E083 (10/03)