


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000014251**

1. Entity Name  
 BIRD ROAD PROFESSIONAL CENTER, LLC



Principal Place of Business      Mailing Address

6340 SUNSET DR      6340 SUNSET DR  
 MIAMI, FL 33143 US      MIAMI, FL 33143 US

**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 80-0098831	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERT A. BRANDT, PA  
 701 ALHAMBRA CIR  
 SUITE 001  
 CORAL GABLES, FL 33134

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

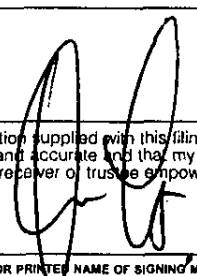
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CABRERIZO, TOMAS 11000 NW 92 TERRACE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FIELDRONE, RONALD 201 ALHAMBRA CIRCLE, STE 601 CORAL GABLES, FL 33134
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 05/08/07-80022-005 50.00

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:**  *TOMAS CABRERIZO, MGR.*      04/17/07      305-779-8004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #