2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2008
Secretary of State

DOCUMENT# L04000024102

Entity Name: ZEPHYRHILLS PROFESSIONAL CENTER LLC

Current Principal Place of Business:

11310 GRANDVIEW DRIVE
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 580
ZEPHYRHILLS, FL 33539 US

New Mailing Address:

FEI Number: 34-1987217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KHAN, WALI U
11310 GRANDVIEW DRIVE
DADE CITY, FL 33525 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	( ) Delete
Name:	KHAN, WALI U	
Address:	11310 GRANDVIEW DRIVE	
City-St-Zip:	DADE CITY, FL 33525 US	
Title:	MGR	( ) Delete
Name:	SAFDAR, SYED A	
Address:	P O BOX 48589	
City-St-Zip:	TAMPA, FL 33647 US	
Title:	MGR	( ) Delete
Name:	NENSEY, YAWER M	
Address:	8932 MAGNOLIA CIR	
City-St-Zip:	TAMPA, FL 33647	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SYED A SAFDAR MGR 09/01/2008

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