


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000035404 1. Entity Name SR 54 PROFESSIONAL BUILDING LLC	
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Principal Place of Business 10802 ALICO PASS NEW PORT RICHEY, FL 34655 US	Mailing Address 10802 ALICO PASS NEW PORT RICHEY, FL 34655 US
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07032007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0173192	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent Dwyer, James 10802 ALICO PASS NEW PORT RICHEY, FL 34655
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**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 _____
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 14, 2007**

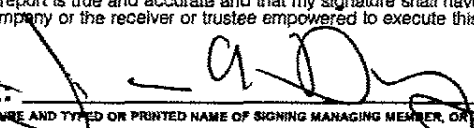
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Dwyer, James 10802 ALICO PASS NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WASENDA, JAMES 1938 SOULE ROAD CLEARWATER, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROVER, RAJ 8050 OLD CR 54 NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/10/07-80026-022 55.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/14/07 727-376-1760