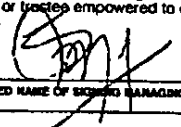


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

04-08-2005 90275 042 ****50.00

DOCUMENT # L04000037181 1. Entity Name CITRUS TOWER PROFESSIONAL CENTER, LLC																																	
Principal Place of Business 652 EAST CLUB CIRCLE LONGWOOD, FL 32779			Mailing Address 652 EAST CLUB CIRCLE LONGWOOD, FL 32779																														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																															
City & State		City & State																															
Zip	Country	Zip	Country	4. FEI Number 35-2251154																													
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable																													
6. Name and Address of Current Registered Agent SWANN & HADLEY, P.A. 1031 W. MORSE BLVD., SUITE 350 WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																													
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 re-registering) _____ DATE _____																																	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>BAJAJ, SANDEEP</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>652 EAST CLUB CIRCLE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LONGWOOD, FL 32779</td> <td></td> </tr> </table> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Change</td> <td style="width: 20%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table>						TITLE	NAME	Delete	NAME	BAJAJ, SANDEEP	☐	STREET ADDRESS	652 EAST CLUB CIRCLE		CITY - ST - ZIP	LONGWOOD, FL 32779		TITLE	NAME	Change	Addition	NAME		☐	☐	STREET ADDRESS				CITY - ST - ZIP			
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																	
SIGNATURE:  SANDEEP BAJAJ 3/28/05 4075711040 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																	

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