


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90032 015 \*\*\*\*50.00

<b>DOCUMENT # L04000038016</b>			
1. Entity Name TORAL PROFESSIONAL BUILDING, L.L.C.			
Principal Place of Business 3107 STIRLING ROAD SUITE 208 FORT LAUDERDALE, FL 33312		Mailing Address 3107 STIRLING ROAD SUITE 208 FORT LAUDERDALE, FL 33312	
2. Principal Place of Business - No P.O. Box # 4780 Davie Road		3. Mailing Address 4780 Davie Road	
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. Suite 101	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33314	Country USA	Zip 33314	Country USA
6. Name and Address of Current Registered Agent  DEUTSCH, STEVEN W 7805 SW 6TH COURT PLANTATION, FL 33324		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 reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORAL, FRANK 3107 STIRLING ROAD, SUITE 208 FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4780 Davie Road, Suite 101 Fort Lauderdale, FL 33314 <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
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4. FEI Number  
20-1172952

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Frank Toral

3/7/07

Date

954-703-2960

Daytime Phone #