## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000038016

1. Entity Name

TORAL PROFESSIONAL BUILDING, L.L.C.



FILED May 08, 2008 08:00 AN Secretary of State

Principal Place of Business

4780 DAVIE ROAD

SUITE 101 FORT LAUDERDALE, FL 33314 Mailing Address

4780 DAVIE ROAD

SUITE 101

FORT LAUDERDALE, FL 33314



04022008 No Chg-LLC CR

CR2E083 (12/07)

4. FEI Number 20-1172952

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEUTSCH, STEVEN W 7805 SW 6TH COURT PLANTATION, FL 33324 DO NOT WRITE IN THIS SPACE

| 8. The above | e named entity submits this statement for the purpose of changing its registered of | office or registered agent, or both, in the State of Florida. | I am familiar with, and accept |
|--------------|---|---|--------------------------------|
| the obliga   | ations of registered agent.   | -   |                                |

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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| 9. MANAGING MEMBERS/MANAGERS  | 173 F 27 点 2 年 ,                       |
|---|--|
| TITLE MGRM  NAME TORAL, FRANK  STREET ADDRESS 4780 DAVIE ROAD, SUITE 101  CITY-ST-ZIP FORT LAUDERDALE, FL 33314 | ###################################### |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | DO NOT WRITE<br>IN THIS SPACE          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | IN THIS SPACE                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |

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 THEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/30/08

954-703-2960

Daytime Phone #