
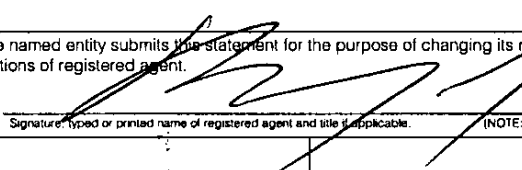
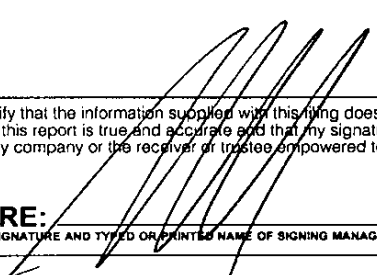


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90031 009 \*\*\*138.75

<b>DOCUMENT # L04000044009</b> 1. Entity Name <b>LUTGERT PROFESSIONAL CENTER, LLC</b>					
Principal Place of Business <b>4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103</b>			Mailing Address <b>4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-2463137</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CATALANO, ANTHONY J 4001 TAMiami TRAIL NORTH STE. 250 NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name <b>Robert C. Zundel, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4001 Tamiami Trail North</b> Suite <b>250</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34103</b>		
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  <small>Signature typed or printed name of registered agent and title (if applicable)</small>			<b>Robert C. Zundel, Jr.</b> <b>4/30/2008</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUTGERT, SCOTT F 4200 GULF SHORE BLVD N NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUTGERT, KURT M 4200 GULF SHORE BLVD N NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, RICHARD J 4200 GULF SHORE BLVD N NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUTMAN, HOWARD B 4200 GULF SHORE BLVD N NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCORKLE, DOUGALL 4200 GULF SHORE BLVD N NAPLES, FL 34103	<input type="checkbox"/> Delete			
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				
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.					
<b>SIGNATURE:</b>  <b>Howard B. Gutman</b> <b>Vice President of General Partner</b> <b>4/30/2008 (239) 261-6100</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					