

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 APR 25 AM 10: 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04042007 No Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000046584
1. Entity Name
INTRACOASTAL PROFESSIONAL, LLC



Principal Place of Business: 2240 WOOLBRIGHT ROAD, SUITE 300 BOYNTON BEACH, FL 33426
Mailing Address: 2240 WOOLBRIGHT ROAD, SUITE 300 BOYNTON BEACH, FL 33426

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1353605	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
APPIGNANI, LOUIS J
2240 WOOLBRIGHT ROAD, SUITE 300
BOYNTON BEACH, FL 33426

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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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILES RD BUSINESS CENTER LTD. 2240 WOOLBRIGHT RD SUITE 300 BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300101820629
05/08/07--01023--008 **550.00

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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

(SIGNATURE: *Louis J Appignani*) *4/4/07* *561-364-5500*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE: *Louis J Appignani* Date: Daytime Phone #