

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000048820**

1. Entity Name  
**CORAL PALMS PROFESSIONAL, LLC**



Principal Place of Business  
**912 SE 46TH LANE  
SUITE 201  
CAPE CORAL, FL 33904 US**

Mailing Address  
**912 SE 46TH LANE  
SUITE 201  
CAPE CORAL, FL 33904 US**



01052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1307575**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SCHUTT, DARRIN R ESQ.  
1105 CAPE CORAL PARKWAY EAST  
SUITE C  
CAPE CORAL, FL 33904**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, BILL M 912 SE 46TH LANE, SUITE 201 CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, MARJORIE 912 SE 46TH LANE, SUITE 201 CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

U00000432830  
02/23/06-80084-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Marjorie Powell Mgr*

2-8-06 239-540-0055