



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90139 040 ****50.00

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|---|--|---|--|---|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # 804 NICHOLAS PKWY E Suite, Apt. #, etc. 2 | | 3. Mailing Address 804 NICHOLAS PKWY E Suite, Apt. #, etc. 2 | |  | |
| City & State CAPE CORAL FL | | City & State CAPE CORAL FL | | 4. FEI Number 20-1307575 | |
| Zip 33990 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 | | | | 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 <input type="checkbox"/> Delete POWELL, BILL M 912 SE 46TH LANE, SUITE 201 CAPE CORAL, FL 33904 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 804 NICHOLAS PKWY #2 CAPE CORAL FL 33990 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM <input type="checkbox"/> Delete POWELL, MARJORIE 912 SE 46TH LANE, SUITE 201 CAPE CORAL, FL 33904 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 804 NICHOLAS PKWY #2 CAPE CORAL FL 33990 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM HERTZ SCOTT 804 NICHOLAS PKWY #2 CAPE CORAL FL 33990 | |
| 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 | |
| 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 | |
| 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. | | | | | |
| SIGNATURE: <u>Marjorie Powell</u> MARJORIE POWELL | | | | 239 485-8811 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Date Daytime Phone # | |