

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050934

**FILED**  
**Apr 17, 2007**  
**Secretary of State**

**Entity Name:** SEVEN OAKS PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

19302 GUNN HWY  
P. O. BOX 128  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

19302 GUNN HWY  
P. O. BOX 128  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:** 86-1111904

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOWELL, KEVIN E JR.  
19302 GUNN HWY  
P. O. BOX 128  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** HOWELL, KEVIN E JR  
**Address:** 19302 GUNN HWY P. O. BOX 128  
**City-St-Zip:** ODESSA, FL 33556

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN E HOWELL JR

MGRM

04/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date