

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000059861**

**1. Entity Name**  
**GATE PARKWAY PROFESSIONAL ASSOCIATES, LLC**



**Principal Place of Business**  
**9000 CYPRESS GREEN DR.**  
**SUITE 107-B**  
**JACKSONVILLE, FL 32256**

**Mailing Address**  
**9000 CYPRESS GREEN DR.**  
**SUITE 107-B**  
**JACKSONVILLE, FL 32256**

**DO NOT WRITE IN THIS SPACE**



00312008 No Chg-LLC

CR2E083 (11/05)

**4. FEI Number**  
**90-0199648**

**Applied For**  
**Not Applicable**

**6. Certificate of Status Desired**



**\$5.00 Additional**  
**Fee Required**

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

**STARLING, JOHN T**  
**9000 CYPRESS GREEN DR.**  
**SUITE 107-B**  
**JACKSONVILLE, FL 32256**

**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**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>SHARP, ROBERT A JR</b>
<b>STREET ADDRESS</b>	<b>9000 CYPRESS GREEN DRIVE #107-B</b>
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE, FL 32256</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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04/18/06-80044-002 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:**

*Robert A Sharp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*3/31/06*

Date

Daytime Phone #

*904/731-3831*