

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000076436

1. Entity Name
TAMPA PALMS PROFESSIONAL CENTER, LLC



Principal Place of Business
3239 HENDERSON BOULEVARD
TAMPA, FL 33609

Mailing Address
3239 HENDERSON BOULEVARD
TAMPA, FL 33609



01172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1773043

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

URETTE, GARRISON B
3239 HENDERSON BLVD
TAMPA, FL 33609

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
URETTE, MICHAEL E
3239 HENDERSON BLVD
TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
URETTE, GARRISON B
3239 HENDERSON BLVD
TAMPA, FL 33609

TITLE
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03/27/07-80102-024 50.00

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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 606, Florida Statutes.

SIGNATURE Michael E. Urette MICHAEL E. URETTE 3/14/07 813 876-7858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #