


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000076436 1. Entity Name TAMPA PALMS PROFESSIONAL CENTER, LLC	
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Principal Place of Business 3239 HENDERSON BOULEVARD TAMPA, FL 33609	Mailing Address 3239 HENDERSON BOULEVARD TAMPA, FL 33609
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01072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1773043	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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  GU (NOTE: Registered Agent signature required when reinstating) DATE  GU

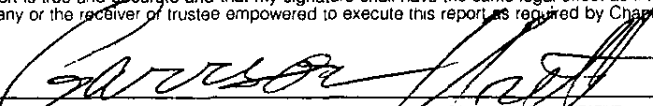
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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
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000000791912
01/23/08-80097-001 138.75

**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:  1/15/08 813-876-7697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #