

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90193 010 \*\*\*\*55.00

<b>DOCUMENT # L04000082984</b> 1. Entity Name <b>DOWNTOWN PROFESSIONAL MANAGEMENT LLC</b>			
Principal Place of Business <b>400 E. COLONIAL DR., STE. 1704 ORLANDO FL 32803</b>		Mailing Address <b>P.O. BOX 530061 ORLANDO FL 32853</b>	
2. Principal Place of Business <b>54 W. CHURCH STR.</b>		3. Mailing Address <b>SUITE 169</b>	
Suite, Apt. #, etc. <b>SUITE 169</b>		Suite, Apt. #, etc. 	
City & State <b>ORLANDO FL</b>		City & State 	
Zip <b>32801</b>		Country <b>USA</b>	
4. FEI Number <b>76-0821052</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LAST: Uniken Venema</b> <b>VENEMA, THEODORA U</b> <b>400 E. COLONIAL DR., STE. 1704</b> <b>ORLANDO FL 32803</b> <b>FIRST name: THEODORA</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Theodora Uniken Venema</i></u> <span style="float: right;">1/30/06</span> <small>Signature, typed or printed name of registered agent and fee is applicable (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State.</b> <b>Due By May 1, 2006</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b> <input checked="" type="checkbox"/> Delete	NAME <b>VENEMA, THEODORA U</b>	TITLE <b>MGR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Uniken Venema THEODORA</b>
STREET ADDRESS <b>400 E. COLONIAL DR., STE. 1704</b>	CITY-ST-ZIP <b>ORLANDO FL 32803</b>	STREET ADDRESS <b>400 E. COLONIAL DR. STE. 1704</b>	CITY-ST-ZIP <b>ORLANDO FL 32803</b>
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
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 Section 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: <u><i>Theodora Uniken Venema</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>1/30/06</u> Daytime Phone # <u>4075575446</u>	



ATTACHMENT

30002731

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2006

DOWNTOWN PROFESSIONAL MANAGEMENT LLC  
P.O. BOX 530061  
ORLANDO, FL 32853

Subject: **DOWNTOWN PROFESSIONAL MANAGEMENT LLC**

Reference Number:

**L04000082984**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION