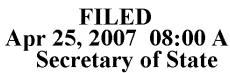
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) DOCUMENT # L04000082984 1. Entity Name DOWNTOWN PROFESSIONAL MANAGEMENT LLC Principal Place of Business Mailing Address 54 W CHURCH ST STE 169 P.O. BOX 530061



DOWNT	OWN PROFESSIONAL MAI	NAGEMENT LLC		Secretary or Stat
Principal Plac	e of Business	Mailing Address		
54 W CHURCH ST STE 169 ORLANDO FL 32801		P.O. BOX 530061 ORLANDO FL 32853	1	
2. Principal Place of Businoss - No PO. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/06)
City & State		City & State		4. FEI Number 76-0821052 Applied For Not Applicable
Zıp	Country	Zıp	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
VENEMA, THEODORA U 400 E. COLONIAL DR., STE. 1704 ORLANDO FL 32803			Name Street Addross	(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	named entity submits this statement fi ions of registered agent.	or the purpose of changing it	s registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accopt
		Make Check Payat	OW!!! FEE IS \$50.00 le to Florida Departme e By May 1, 2007	
9.	MANAGING MEMB	ERS/MANAGERS	10.	ADDITIONS/CHANGES
TIFLE NAME STRUET ADDRESS CHY-ST-7/P	MGR UNIKEN VENEMA, THEODORA 400 E. COLONIAL DR., STE. 170 ORLANDO FL 32803	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition U00000730240 05/08/07-80072-014 55.00
HITH: NAME STREET ADDRESS CITY-ST-ZIP		☐ Delele	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STRICT ADDRESS* CTY+ST-ZP		Delete	IITLE. NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-S1-ZIP		□ Delcte	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME SIRIET ADDRESS CITY-ST-ZIP		☐ Delete	TIFLE: NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - S1 - ZIP	☐ Change ☐ Addition
indicated	pertify that the information supplied wi on this report is true and accurate an obility company on the roceiver or trust	id that my signature shall hav	o the same legal offect as	ed in Section 119, Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the apter 608, Florida Statutes.

SIGNATURE: THEODORA LININGW VEWEMA MER 4123107 40.843-6161