

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90348 023 ****50.00

DOCUMENT # L05000025857 1. Entity Name VILLAGE PROFESSIONAL PARK, LLC																									
Principal Place of Business 712 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408			Mailing Address 712 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408																						
2. Principal Place of Business 10321 W. ATLANTIC AVE Suite, Apt. #, etc.		3. Mailing Address 10321 W. ATLANTIC AVE Suite, Apt. #, etc.																							
City & State DELRAY BEACH, FL Zip 33446		City & State DELRAY BEACH, FL Zip 33446		4. FEI Number 20-4035807																					
Country PALM BEACH		Country PALM BEACH		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																					
6. Name and Address of Current Registered Agent COHEN, FRED C 712 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408				7. Name and Address of New Registered Agent Name WOLFSON & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 2801 N. UNIVERSITY DRIVE SUITE 306 City CORAL SPRINGS FL Zip Code 33065																					
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 WOLFSON & ASSOCIATES (NOTE: Registered Agent signature required when reinstating) DATE 2/28/06																									
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State																						
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGRM FINA, ROGER 10321 W. ATLANTIC AVE. DELRAY BEACH, FL 33446 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINA, ROGER 10321 W. ATLANTIC AVE. DELRAY BEACH, FL 33446		<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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:			2 28 06 561-753-277 Date Daytime Phone #																						