

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90029 017 \*\*\*150.00

<b>DOCUMENT # L05000030588</b> 1. Entity Name <b>FALCON MEDICAL &amp; PROFESSIONAL BUILDING, LLC.</b>					
Principal Place of Business <b>3620 SW 148 PLACE</b> <b>MIAMI, FL 33185</b>			Mailing Address <b>3620 SW 148 PLACE</b> <b>MIAMI, FL 33185</b>		
2. Principal Place of Business - No P.O. Box # <b>35 SW 114 Ave</b>		3. Mailing Address <b>35 SW 114 Ave</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>61-1488977</b>	
Zip <b>33174</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FALCON, ARNALDO F</b> <b>3620 SW 148 PLACE</b> <b>MIAMI, FL 33185</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>FALCON, ARNALDO F</b> <b>3620 SW 148 PLACE</b> <b>MIAMI, FL 33185</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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 _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>02/23/07</b> Time <b>3:05</b> Phone # <b>216 0020</b>		