

DOCUMENT # L05000041420

1. Entity Name
COLUMBIA PROFESSIONAL CENTER, LLC



FILED
Jan 29, 2007 08:00 AM
Secretary of State

Principal Place of Business
5601 CORPORATE WAY, SUITE 404
WEST PALM BEACH, FL 33407

Mailing Address
5601 CORPORATE WAY, SUITE 404
WEST PALM BEACH, FL 33407



01232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0621974

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAXMAN, BRIAN K
5601 CORPORATE WAY, SUITE 404
WEST PALM BEACH, FL 33407

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

1100000609502
02/01/07-80051-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WAXMAN, BRIAN K
5601 CORPORATE WAY, SUITE 404
WEST PALM BEACH, FL 33407

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
APPLEFIELD, PETER J
5601 CORPORATE WAY, SUITE 404
WEST PALM BEACH, FL 33407

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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: _____

1/26/07

561-587-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #