

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042455

FILED
Apr 07, 2006
Secretary of State

Entity Name: SEACREST PROFESSIONAL INVESTMENTS, LLC

Current Principal Place of Business:

1401 NW 9TH AVENUE
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1401 NW 9TH AVENUE
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DENNIS D
110 SE 6TH STREET 15TH FL
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZANN, ROBERT B MD
Address: 1401 NW 9TH AVENUE
City-St-Zip: BOCA RATON, FL 33486

Title: MGR () Delete
Name: EIDELSON, STEWART G MD
Address: 1401 NW 9TH AVENUE
City-St-Zip: BOCA RATON, FL 33486

Title: MGR () Delete
Name: VAN HOUTEN, JOHN A MD
Address: 1401 NW 9TH AVENUE
City-St-Zip: BOCA RATON, FL 33486

Title: MGR () Delete
Name: SHAPIRO, ERIC T MD
Address: 1401 NW 9TH AVENUE
City-St-Zip: BOCA RATON, FL 33486

Title: MGR () Delete
Name: HANDAL, EDGAR G MD
Address: 1401 NW 9TH AVENUE
City-St-Zip: BOCA RATON, FL 33486

Title: MGR () Delete
Name: LUSKIN, BRANDON J MD
Address: 1401 NW 9TH AVENUE
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRANDON J LUKSIN, MD

MGR

04/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date