

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042455

FILED
Feb 22, 2007
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:

NAUM, CHRISTOPHER Q
1401 NW 9TH AVENUE
BOCA RATON, FL 33486 US

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: CHRISTOPHER Q. NAUM

02/22/2007

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: MGR (X) Change () Addition
Name: SIMPSON, DAVID R MD
Address: 1401 NW 9TH AVENUE
City-St-Zip: BOCA RATON, FL 33486

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: DAVID R. SIMPSON

MGR

02/22/2007

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