2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# L05000042455

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:

NAUM, CHRISTOPHER Q
1401 NW 9TH AVENUE
BOCA RATON, FL 33486 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:	SIMPSON, DAVID R 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:	RENTA, ALEXIS 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 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. LUSKIN, MD MGR 01/07/2008

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