


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

02-27-2006 90433 005 ****50.00

DOCUMENT # L05000049304	
1. Entity Name ROYAL PALM PROFESSIONAL CENTRE, LLC	

Principal Place of Business 3903 POSTRIDGE TRAIL MELBOURNE FL 32934	Mailing Address PO BOX 410686 MELBOURNE FL 32941
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E083 (10/05)

4. 72-1697308	Applied For <input type="checkbox"/> Not Applicable										
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required											
<table border="1"> <tr> <td>6. Name and Address of Current Registered Agent BOLOGNA-GARAGOZLO, PATRICIA E 3903 POSTRIDGE TRAIL MELBOURNE FL 32934</td> <td>7. Name and Address of New Registered Agent</td> </tr> <tr> <td></td> <td>Name</td> </tr> <tr> <td></td> <td>Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td></td> <td>City</td> </tr> <tr> <td></td> <td>FL - Zip Code</td> </tr> </table>		6. Name and Address of Current Registered Agent BOLOGNA-GARAGOZLO, PATRICIA E 3903 POSTRIDGE TRAIL MELBOURNE FL 32934	7. Name and Address of New Registered Agent		Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL - Zip Code
6. Name and Address of Current Registered Agent BOLOGNA-GARAGOZLO, PATRICIA E 3903 POSTRIDGE TRAIL MELBOURNE FL 32934	7. Name and Address of New Registered Agent										
	Name										
	Street Address (P.O. Box Number is Not Acceptable)										
	City										
	FL - Zip Code										

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 remaining) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PSP OF BREVARD, LLC PO BOX 410686 MELBOURNE FL 32941 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RRLS LLC 28 MARSHALL AVENUE FLORAL PARK NY 11001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RTL D, LLC 11 NANCY ROAD NANUET NY 10954 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KJVIERA, LLC 963 LOGGERHEAD ISLAND DRIVE SATELLITE BEACH FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Patricia E. Garagozlo* **PATRICIA E. GARAGOZLO** 2/19/06 324-757-7570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



ATTACHMENT

30002702

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

ROYAL PALM PROFESSIONAL CENTRE, LLC
PO BOX 410686
MELBOURNE, FL 32941

Subject: ROYAL PALM PROFESSIONAL CENTRE, LLC

Reference Number: L05000049304

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION