

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052386

FILED  
May 02, 2006  
Secretary of State

**Entity Name:** BOBCAT PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

8586 POTTER PARK DRIVE  
SARASOTA, FL 34238

**New Principal Place of Business:**

6448 HOLLYWOOD BLVD  
SUITE 500  
SARASOTA, FL 34231

**Current Mailing Address:**

8586 POTTER PARK DRIVE  
SARASOTA, FL 34238

**New Mailing Address:**

6448 HOLLYWOOD BLVD  
SUITE 500  
SARASOTA, FL 34231

FEI Number: 20-2902428      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BOONE, STEPHEN K  
1001 AVENIDA DEL CIRCO  
VENICE, FL 34285      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: EZELLE, DANIEL E  
Address: 8586 POTTER PARK DRIVE  
City-St-Zip: SARASOTA, FL 34238

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change ( ) Addition  
Name: EZELLE, DANIEL E  
Address: 6448 HOLLYWOOD BLVD  
City-St-Zip: SARASOTA, FL 34231

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: DANIEL E. EZELLE

MGRM

05/02/2006

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