


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000061616 1. Entity Name KINGS RIDGE PROFESSIONAL CENTRE, LLC	
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Principal Place of Business 16405 WEST COLONIAL DRIVE OAKLAND, FL 34760	Mailing Address P.O. BOX 120355 CLERMONT, FL 34712 US
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03152007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3469745	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LANGLEY, RANDALL B 16405 WEST COLONIAL DRIVE OAKLAND, FL 34760

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000708708
04/24/07-80125-014 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANGLEY, RANDALL B 16405 WEST COLONIAL DRIVE OAKLAND, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MINHAS, MAX R 1635 EAST HIGHWAY 50 CLERMONT, FL 34711
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/16/07 (407) 654-8075
Date Daytime Phone #