2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L05000061616

Entity Name: KINGS RIDGE PROFESSIONAL CENTRE, LLC

Current Principal Place of Business:

16405 WEST COLONIAL DRIVE
OAKLAND, FL 34760

New Principal Place of Business:

16405 WEST COLONIAL DRIVE
OAKLAND, FL 34787 US

Current Mailing Address:

P.O. BOX 120355
CLERMONT, FL 34712 US

New Mailing Address:

FEI Number: 20-3469745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LANGLEY, RANDALL B
16405 WEST COLONIAL DRIVE
OAKLAND, FL 34787 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: RANDALL B. LANGLEY 04/09/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LANGLEY, RANDALL B
Address: POB 120355
City-St-Zip: CLERMONT, FL 34712

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LANGLEY, RANDALL B
Address: 16405 W. COLONIAL DRIVE
City-St-Zip: OAKLAND, FL 34787 US

Title: MGRM ( ) Change (X) Addition
Name: LANGLEY, MICHAEL R
Address: 16405 W. COLONIAL DRIVE
City-St-Zip: OAKLAND, FL 34787 US

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: RANDALL B. LANGLEY MGRM 04/09/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date