

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089549

FILED
Jan 08, 2007
Secretary of State

Entity Name: CARROLLWOOD PROFESSIONAL OFFICES II, LLC

Current Principal Place of Business:

4218 W. LINEBAUGH AVE.
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

15903 LAHINCH CIRCLE
ODESSA, FL 33556

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:

ALBERT, THERESA L
15903 LAHINCH CIRCLE
ODESSA, FL 33556 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: MGRM () Delete
Name: ALBERT, KENNETH W
Address: 4218 W. LINEBAUGH AVE.
City-St-Zip: TAMPA, FL 33624

Title: MGRM () Delete
Name: ALBERT, THERESA L
Address: 4218 W. LINEBAUGH AVE.
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES:

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 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: THERESA L ALBERT

MGRM

01/08/2007

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