

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089551

FILED
May 01, 2006
Secretary of State

Entity Name: CARROLLWOOD PROFESSIONAL OFFICES I, LLC

Current Principal Place of Business:

4128 W. LINEBAUGH AVE.
TAMPA, FL 33624

New Principal Place of Business:

4218 W. LINEBAUGH AVE.
TAMPA, FL 33624

Current Mailing Address:

4128 W. LINEBAUGH AVE.
TAMPA, FL 33624

New Mailing Address:

15903 LAHINCH CIRCLE
ODESSA, FL 33556

FEI Number: **FEI Number Applied For (X)** **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:

ALBERT, KENNETH W
4128 W. LINEBAUGH AVE.
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

ALBERT, THERESA L
15903 LAHINCH CIRCLE
ODESSA, FL 33556 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: THERESA L ALBERT

05/01/2006

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: KENNETH W ALBERT

MGRM

05/01/2006

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