


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90170 025 ***138.75

DOCUMENT # L05000091740	
1. Entity Name PARKWAY PROFESSIONAL CENTER, LLC	

Principal Place of Business 3340 CRENSHAW LAKE ROAD LUTZ, FL 33548	Mailing Address 3340 CRENSHAW LAKE ROAD LUTZ, FL 33548
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50004276

2. Principal Place of Business - No P.O. Box # 220 Nevel Rd	3. Mailing Address 220 Nevel Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lutz FL	City & State Lutz FL
Zip 33549	Country USA

04142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3592597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent VAN BEBBER, GREGORY E TRUSTEE GREGORY E. VAN BEBBER REVOCABLE TRUST DATE 220 NEVEL ROAD LUTZ, FL 33549	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code


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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VAN BEBBER, GREGORY E TRUSTEE 220 NEVEL ROAD LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	Date 4/14/08	Daytime Phone # 813-909-1819
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