04/15/2008 09:23 850-245-6030 REGISTRATIO

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Secretary of State
02-18-2008 90077 026 ***143.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000097097

1. Entity Name
PABLO CREEK PROFESSIONAL ASSOCIATES, LLC

30004117

04152008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
~~6960 BONNEVAL ROAD, SUITE 201~~ ~~JACKSONVILLE, FL 32216~~	~~6960 BONNEVAL ROAD, SUITE 201~~ ~~JACKSONVILLE, FL 32216~~

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
7711 BAYMEADOWS ROAD EAST		7711 BAYMEADOWS ROAD EAST	
Suite, Apt. #, etc. SUITE 7		Suite, Apt. #, etc. SUITE 7	
City & State Jacksonville, Florida		City & State Jacksonville, Florida	
Zip 32256	Country USA	Zip 32256	Country USA

4. FEI Number 20-3716351 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GOODE, BRYAN C III,ESQ
C/O SCOTT & SHEPPARD, P.A.
99 ORANGE STREET
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SALKO, RICHARD 6960 BONNEVAL RD SUITE 201 JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SALKO, RICHARD 7711 BAYMEADOWS ROAD EAST, #7 Jacksonville, FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WOOD, WALTER 9550 REGENCY SQ BLVD STE 301 JACKSONVILLE, FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WOOD, WALTER 7711 BAYMEADOWS ROAD EAST, #7 Jacksonville, FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 4/15/08 904 807 9825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #