

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097097

FILED
Apr 05, 2009
Secretary of State

Entity Name: PABLO CREEK PROFESSIONAL ASSOCIATES, LLC

Current Principal Place of Business:

7711 BAYMEADOWS ROAD EAST
SUITE 7
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7711 BAYMEADOWS ROAD EAST
SUITE 7
JACKSONVILLE, FL 32256

New Mailing Address:

9218 CYPRESS GREEN DRIVE
SUITE 1
JACKSONVILLE, FL 32256

FEI Number: 20-3716351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

STARLING, JOHN T
9218 CYPRESS GREEN DRIVE.
SUITE 1
JACKSONVILLE, FL 32256 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: JOHN T. STARLING

04/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: SALKO, RICHARD
Address: 7711 BAYMEADOWS ROAD EAST #1
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: WOOD, WALTER
Address: 7711 BAYMEADOWS ROAD EAST #1
City-St-Zip: JACKSONVILLE, FL 32256

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 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: WALTER WOOD

VP

04/05/2009

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