

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000097097

**FILED**  
**Feb 16, 2011**  
**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:**

9218 CYPRESS GREEN DRIVE  
SUITE 1  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 20-3716351

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STARLING, JOHN T  
9218 CYPRESS GREEN DRIVE.  
SUITE 1  
JACKSONVILLE, FL 32256 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:** P  
**Name:** SALKO, RICHARD  
**Address:** 7711 BAYMEADOWS ROAD EAST #1  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** VP  
**Name:** WOOD, WALTER  
**Address:** 7711 BAYMEADOWS ROAD EAST #7  
**City-St-Zip:** JACKSONVILLE, FL 32256

I hereby 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

02/16/2011

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