2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# L05000100578

Entity Name: CONE PROFESSIONAL PARK, LLC

Current Principal Place of Business:

225 CONE ROAD
MERRITT ISLAND, FL 32952

New Principal Place of Business:

225 CONE ROAD
MERRITT ISLAND, FL 32952 US

Current Mailing Address:

225 CONE ROAD
MERRITT ISLAND, FL 32952

New Mailing Address:

490 N WASHINGTON AVENUE
TITUSVILLE, FL 32796 US

FEI Number: 59-2941550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, RICHARD M
225 CONE ROAD
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

LEVINE, RICHARD M
490 N WASHINGTON AVENUE
TITUSVILLE, FL 32796 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: 02/05/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LEVINE, RICHARD M M.D.
Address: 225 CONE ROAD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LEVINE, RICHARD M M.D.
Address: 490 N WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796 US

Title: MGR ( ) Change (X) Addition
Name: ZIMM, SOLOMON M.D.
Address: 490 N WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796 US

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: RICHARD M LEVINE MGR 02/05/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date