

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90128 020 ****50.00

DOCUMENT # L05000103302

1. Entity Name
CITRUS POINTE PROFESSIONAL CENTER, LLC.



Principal Place of Business

1516 TOPPING ROAD
ST. LOUIS, MO 63131

Mailing Address

1516 TOPPING ROAD
ST. LOUIS, MO 63131



01062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0757320

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAYMAN, STEPHEN D ESQ.
~~412 E. MADISON ST.,~~ 6605 Gunn Hwy.
~~STE. 444~~
~~TAMPA, FL 33602~~ Tampa, FL 33625

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BEAL, EUGENE JR.
STREET ADDRESS	1516 TOPPING ROAD
CITY-ST-ZIP	ST. LOUIS, MO 63131

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Eugene Beal Jr.

Date

Daytime Phone #

1/7/07 (314) 420-7280