
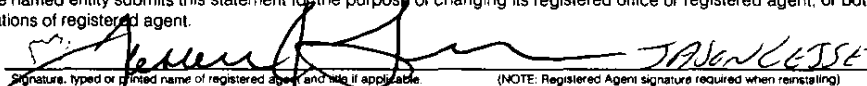
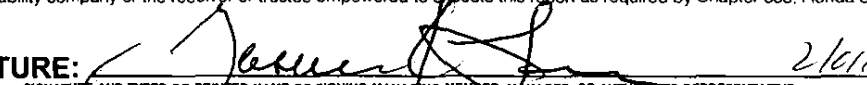


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90139 031 ***138.75

DOCUMENT # L05000104887 1. Entity Name SHELDON ROAD PROFESSIONAL CENTER, LLC																																															
Principal Place of Business 28200 US HWY 19 NORTH CLEARWATER, FL 33761			Mailing Address P.O. BOX 1465 DUNEDIN, FL 34697																																												
2. Principal Place of Business - No P.O. Box # 29750 U.S. 19N		3. Mailing Address Suite, Apt. #, etc. SUITE 201																																													
City & State CLEARWATER FL		City & State CLEARWATER FL																																													
Zip 33761	Country FLORIDA	Zip 33761	Country FLORIDA	4. FEI Number 34-2062809																																											
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																											
6. Name and Address of Current Registered Agent LESSER, JASON 28200 US 19 NORTH CLEARWATER, FL 33761			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 29750 U.S. 19N SUITE 201 City CLEARWATER FL Zip Code 33761																																												
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  JASON LESSER DATE 2/6/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																															
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> MGRM LESSER, JASON K 28100 US HIGHWAY 19 NORTH SUITE 511 CLEARWATER, FL 33761 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LESSER, JASON K 28100 US HIGHWAY 19 NORTH SUITE 511 CLEARWATER, FL 33761	<input type="checkbox"/> Delete																			10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> 29750 U.S. 19N SUITE 201 CLEARWATER FL 33761 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	29750 U.S. 19N SUITE 201 CLEARWATER FL 33761	<input type="checkbox"/> Change <input type="checkbox"/> Addition																		
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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:  JASON LESSER DATE 2/6/08 727-785-1191 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																															

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