

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110695

FILED
May 17, 2007
Secretary of State

Entity Name: MANICA PROFESSIONAL CENTER , LLC.

Current Principal Place of Business:

3515 WEST SEVILLA STREET
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

3515 WEST SEVILLA STREET
TAMPA, FL 33629

New Mailing Address:

FEI Number: 20-3840869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PEREZ, VERONICA
3515 W. SEVILLA STREET
TAMPA, FL 33629 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PEREZ, HUMBERTO SR.
Address: 3515 WEST SEVILLA STREET
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Delete
Name: PEREZ, MARIA S
Address: 3515 WEST SEVILLA STREET
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Delete
Name: PEREZ, VERONICA
Address: 3515 WEST SEVILLA STREET
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VERONICA PEREZ

MGRM

05/17/2007

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