


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

| | | | | | |
|--|---|---------------------|---|--|--|
| DOCUMENT # L05000112845 1. Entity Name GRANDE PROFESSIONAL CENTER, LLC | | | |  | |
| Principal Place of Business 55 BIRDWHISTELL BOULEVARD PENSACOLA, FL 32514 | | | Mailing Address 55 BIRDWHISTELL BOULEVARD PENSACOLA, FL 32514 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 01-0852162 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| WATSON, KYLE 55 BIRDWHISTELL BOULEVARD PENSACOLA, FL 32514 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 <u><i>[Signature]</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE <u>07-05-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WATSON, STEVEN K 55 BIRDWHISTELL BOULEVARD PENSACOLA, FL 32514 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WATSON, AMY P 55 BIRDWHISTELL BOULEVARD PENSACOLA, FL 32514 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> U00000767668 07/10/07-80013-021 50.00 </div> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | DATE <u>07-05-07</u> <small>Date Daytime Phone #</small> | |