

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90122 046 \*\*\*138.75

<b>DOCUMENT # L05000112845</b> 1. Entity Name <b>GRANDE PROFESSIONAL CENTER, LLC</b>			
Principal Place of Business <b>55 BIRDWHISTELL BOULEVARD</b> <b>PENSACOLA, FL 32514</b>		Mailing Address <b>55 BIRDWHISTELL BOULEVARD</b> <b>PENSACOLA, FL 32514</b>	
2. Principal Place of Business - No P.O. Box # <b>9506 YARROW CIRCLE</b> Suite, Apt. #, etc.		3. Mailing Address <b>9506 YARROW CIRCLE</b> Suite, Apt. #, etc.	
City & State <b>PENSACOLA FLORIDA</b> Zip <b>32514</b> Country <b>USA</b>		City & State <b>PENSACOLA FLORIDA</b> Zip <b>32514</b> Country <b>USA</b>	
4. FEI Number <b>01-0852162</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WATSON, KYLE</b> <b>55 BIRDWHISTELL BOULEVARD</b> <b>PENSACOLA, FL 32514</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>9506 YARROW CIRCLE</b>  City <b>PENSACOLA</b> State <b>FL</b> Zip Code <b>32514</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>WATSON, STEVEN K</b> <input type="checkbox"/> Delete <b>55 BIRDWHISTELL BOULEVARD</b> <b>PENSACOLA, FL 32514</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9506 YARROW CIRCLE</b> <b>PENSACOLA FLORIDA 32514</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>WATSON, AMY P</b> <input type="checkbox"/> Delete <b>55 BIRDWHISTELL BOULEVARD</b> <b>PENSACOLA, FL 32514</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9506 YARROW CIRCLE</b> <b>PENSACOLA FLORIDA 32514</b>
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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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
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
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>X <i>Mr. Watson</i> "MANAGER"</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		X <u>850-525-7330</u> <small>Date Daytime Phone #</small>	