2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L05000112845

Entity Name: GRANDE PROFESSIONAL CENTER, LLC

Current Principal Place of Business:

9506 YARROW CIRCLE
PENSACOLA, FL 32514

New Principal Place of Business:

4850 GRANDE DRIVE
PENSACOLA, FL 32504

Current Mailing Address:

9506 YARROW CIRCLE
PENSACOLA, FL 32514

New Mailing Address:

4850 GRANDE DRIVE
PENSACOLA, FL 32504

FEI Number: 01-0852162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, KYLE
9506 YARROW CIRCLE
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

WATSON, KYLE
4850 GRANDE DRIVE
PENSACOLA, FL 32504 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: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WATSON, STEVEN K
Address: 9506 YARROW CIRCLE
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM ( ) Delete
Name: WATSON, AMY P
Address: 950 YARROW CIRCLE
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WATSON, STEVEN K
Address: 4850 GRANDE DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM (X) Change ( ) Addition
Name: WATSON, AMY P
Address: 4850 GRANDE DRIVE
City-St-Zip: PENSACOLA, FL 32504

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: STEVEN K WATSON MGRM 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date