

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90052 050 \*\*\*138.75

**DOCUMENT # L05000120731**

1. Entity Name  
LYNAN PROFESSIONAL CENTER, LLC



Principal Place of Business  
36146 ADAIR ROAD  
DADE CITY, FL 33525

Mailing Address  
36146 ADAIR ROAD  
DADE CITY, FL 33525

**60008375**



01172008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3907386	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

ADAIR, WILLIAM L  
30304 LAURELWOOD LANE  
WESLEY CHAPEL, FL 33543

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	ADAIR, WILLIAM L
STREET ADDRESS	30304 LAURELWOOD LANE
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543

TITLE	MGR
NAME	ADAIR, DARBA C
STREET ADDRESS	30304 LAURELWOOD LANE
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #