2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L05000120731

Entity Name: LYNAN PROFESSIONAL CENTER, LLC

Current Principal Place of Business:

36146 ADAIR ROAD
DADE CITY, FL 33525

New Principal Place of Business:

36739 STATE RD 52 BOX 7
DADE CITY, FL 33525

Current Mailing Address:

36146 ADAIR ROAD
DADE CITY, FL 33525

New Mailing Address:

36739 STATE RD 52 BOX 7
DADE CITY, FL 33525

FEI Number: 20-3907386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: MGR ( ) Delete
Name: ADAIR, WILLIAM L
Address: 30304 LAURELWOOD LANE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MGR ( ) Delete
Name: ADAIR, DARBRA C
Address: 30304 LAURELWOOD LANE
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: ADAIR, DARBRA E
Address: 30304 LAURELWOOD LANE
City-St-Zip: WESLEY CHAPEL, FL 33543

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: WILLIAM L ADAIR MGR 04/23/2009

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