

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000010949

**FILED**  
**Apr 07, 2007**  
**Secretary of State**

**Entity Name:** DAUGHTERY ROAD PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

6719 GALL BLVD.  
SUITE 106  
ZEPHYRHILLS, FL 33542 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 48589  
TAMPA, FL 33542 US

**New Mailing Address:**

**FEI Number:** 56-2568668      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOHNSON, LEONARD H  
37837 MERIDIAN AVENUE  
SUITE 100  
DADE CITY, FL 33525 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: SAFDAR, SYED A  
Address: POST OFFICE BOX 48589  
City-St-Zip: TAMPA, FL 33542 US

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SYED A SAFDAR

MGR

04/07/2007

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