

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036933

FILED
Jul 02, 2007
Secretary of State

Entity Name: PALM VALLEY PROFESSIONAL CENTER, LLC

Current Principal Place of Business:

249 N. MAITLAND AVE., SUITE 200
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

249 N. MAITLAND AVE.
SUITE 2000
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

249 N. MAITLAND AVE., SUITE 200
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

249 N. MAITLAND AVE.
SUITE 2000
ALTAMONTE SPRINGS, FL 32701

FEI Number: 75-3217779 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GRAHAM, JESSE E JR ESQ
369 N. NEW YORK AVENUE, 3RD FLOOR
WINTER PARK, FL 32789 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: SLAVENS, JOHN W
Address: 249 N. MAITLAND AVE., SUITE 200
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGR (X) Change () Addition
Name: SLAVENS, JOHN W
Address: 249 N. MAITLAND AVE., SUITE 2000
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: JOHN W SLAVENS

MGR

07/02/2007

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