

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90104 020 ***138.75

DOCUMENT # L06000046540 1. Entity Name HART STREET PROFESSIONAL OFFICE LLC					
Principal Place of Business 4566 HIGHWAY 20 EAST #204 NICEVILLE, FL 32578 US			Mailing Address 4566 HIGHWAY 20 EAST #204 NICEVILLE, FL 32578 US		
2. Principal Place of Business - No P.O. Box # 4400 HIGHWAY 20 E			3. Mailing Address P O BOX 5277		
Suite, Apt. #, etc. SUITE 308			Suite, Apt. #, etc. 		
City & State NICEVILLE, FL			City & State NICEVILLE, FL		
Zip 32578		Country 		Zip 32578	
Country 		Country 		4. FEI Number 20-4815858	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCDORMAN HOLDINGS LLC 4566 HIGHWAY 20 EAST #204 NICEVILLE, FL 32578					
7. Name and Address of New Registered Agent Name HERDEN, RAIMUND Street Address (P.O. Box Number is Not Acceptable) 4400 HIGHWAY 20 E SUITE 308 City NICEVILLE FL Zip 32578					
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 RAIMUND HERDEN DATE 2/20/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDORMAN HOLDINGS LLC 4566 HIGHWAY 20 EAST #204 NICEVILLE, FL 32578	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONRAD PROPERTIES OF AMERICA LTD P O BOX 5277 NICEVILLE, FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: RAIMUND HERDEN DATE 2/20/08 850 897 1553 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					