
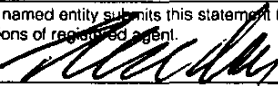
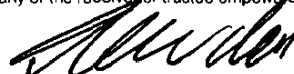


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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
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 Code 32578	
4. FEI Number 20-4815858 Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
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 2/20/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</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
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>		<small>Date Daytime Phone #</small>	

60011307



02042008 Chg-LLC CR2E083 (12/06)