

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060998

FILED
Apr 07, 2007
Secretary of State

Entity Name: PROFESSIONAL CENTRE PHASE II, L.L.C.

Current Principal Place of Business:

8479 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

8479 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952

New Mailing Address:

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

Name and Address of Current Registered Agent:

CRARY, LAWRENCE E III
555 COLORADO AVENUE
STUART, FL 34994 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: MGRM () Delete
Name: KERESZTI, ZSOLT G
Address: 8479 SOUTH FEDERAL HIGHWAY
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGRM () Delete
Name: MEHAN, RAVI
Address: 8483 SOUTH FEDERAL HIGHWAY
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES:

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

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: ZSOLT G KERESZTI

MGR

04/07/2007

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