


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90341 021 ****55.00

DOCUMENT # L06000085774		
1. Entity Name MIDTOWN PROFESSIONAL CENTER, LLC		
Principal Place of Business 825 SE ST. LUCIE BLVD. STUART FL 34996 FL	Mailing Address 825 SE ST. LUCIE BLVD. STUART FL 34996 FL	



1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box # 2353 NW Britt Terrace	3. Mailing Address 2353 N.W. Britt Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Stuart, FL	City & State Stuart, FL	4. FEI Number 75-3230969	Applied For Not Applicable
Zip 34994	Country Martin	Zip 34994	Country Martin

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HUFNAGEL, GARY 825 SE ST. LUCIE BLVD. STUART FL 34996

7. Name and Address of New Registered Agent
Name William Salcedo
Street Address (P.O. Box Number is Not Acceptable) 2353 N.W. Britt Terrace
City Stuart, FL
Zip Code 34994

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:  DATE: 3/25/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SALCEDO, WILLIAM 2353 NW BRITT TERRACE STUART FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUFNAGEL, GARY 825 SE ST. LUCIE BLVD. STUART, FL 34996	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: 3/25/07 (772)349-4019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE