

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093634

FILED
Jan 04, 2007
Secretary of State

Entity Name: SUNDANCE PROFESSIONAL CENTER WEST, L.L.C.

Current Principal Place of Business:

12109 BISHOPFORD DR.
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

12109 BISHOPFORD DR.
TAMPA, FL 33626

New Mailing Address:

FEI Number: 20-5550123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAN, REMMIE
12109 BISHOPFORD DR.
TAMPA, FL 33626 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: MGR () Delete
Name: RAN, REMMIE
Address: 12109 BISHOPFORD DR.
City-St-Zip: TAMPA, FL 33626

Title: MGR () Delete
Name: REFAELI, YITSHAK
Address: 12915 RIGGIN RIDGE RD.
City-St-Zip: OCEAN CITY, MD 21842

Title: MGR () Delete
Name: ELBOIM, EYAL
Address: 9627 MAGNOLIA BLOSSOM DR.
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

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

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: REMMIE RAN

MGRM

01/04/2007

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