


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 APR 30 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # L06000097758 1. Entity Name 1614-104 MAHAN PROF. CTR., LLC | | | |  | |
| Principal Place of Business 311 EAST JENNINGS STREET TALLAHASSEE, FL 32301 | | | Mailing Address 311 EAST JENNINGS STREET TALLAHASSEE, FL 32301 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | | |
| 4. FEI Number 04252007 Chg-LLC CR2E083 (12/06) | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent KITTRELL, JAMES C 311 EAST JENNINGS STREET TALLAHASSEE, FL 32301 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BURNETTE, JOHN T 311 EAST JENNINGS STREET TALLAHASSEE, FL 32301 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000102125040 05/10/07--01004--015 **220.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KITTRELL, JAMES C 311 EAST JENNINGS STREET TALLAHASSEE, FL 32301 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |