

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000117439**

**1. Entity Name**  
**SUNBEAM PROFESSIONAL CENTER, LLC**



**Principal Place of Business**  
**1155 SW 25TH AVENUE**  
**BOYNTON BEACH, FL 33426**

**Mailing Address**  
**1155 SW 25TH AVENUE**  
**BOYNTON BEACH, FL 33426**



03022008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> <b>20-8427582</b>	<b>Applied For</b> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MARCOVITCH, JUDY**  
**1155 S.W. 25TH AVENUE**  
**BOYNTON BEACH, FL 33426**

**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**  
**04/10/08-80059-007 138.75**

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>MARCOVITCH, JUDY</b> <b>1155 S.W. 25TH AVENUE</b> <b>BOYNTON BEACH, FL 33426</b>
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> <b>MARCOVITCH, ALLEN J</b> <b>1155 S.W. 25TH AVENUE</b> <b>BOYNTON BEACH, FL 33426</b>
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**DO NOT WRITE  
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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:** Judy L. Marcovitch JUDY L. MARCOVITCH 3/1/08 561/324-0640  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #