

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121036

FILED
Feb 23, 2007
Secretary of State

Entity Name: NORTH PORT PROFESSIONAL CENTER, LLC

Current Principal Place of Business:

2030 BEE RIDGE ROAD
SUITE A
SARASOTA, FL 34239

New Principal Place of Business:

3830 BEE RIDGE ROAD
SUITE 100
SARASOTA, FL 34233

Current Mailing Address:

PO BOX 25487
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 20-8076280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEDI, INITA
4917 US 301 N
ELLENTON, FL 34222 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: BEDI, INITA
Address: 4917 US 301 N
City-St-Zip: ELLENTON, FL 34222

Title: MGRM () Delete
Name: BEDI, NEIL
Address: 314 9TH STREET
City-St-Zip: PALMETTO, FL 34221

Title: MGRM () Delete
Name: BEDI, MONICA
Address: 706 RIVIERA DUNES WAY
City-St-Zip: PALMETTO, FL 34221

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: INITA BEDI

MGMR

02/23/2007

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