

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000121461

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** NORTH CAUSEWAY PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

937 N MAGNOLIA AVE  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

937 N MAGNOLIA AVE  
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number:** 20-8084242

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOHNSON, AMBER JADE F ESQ.  
1201 S. ORLANDO AVENUE  
SUITE 350  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

JOHNSON, AMBER JADE F ESQ.  
471 N. MAITLAND AVENUE  
MAITLAND, FL 32751 US

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: AMBER JADE F. JOHNSON

04/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PILCHICK, STEVEN  
Address: 937 N MAGNOLIA AVE  
City-St-Zip: ORLANDO, FL 32803

I hereby 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: STEVEN PILCHICK

MGR

04/25/2011

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