2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# L07000009470

Entity Name: QUADRANGLE PROFESSIONAL CENTER, LLC

Current Principal Place of Business:

249 N. MAITLAND AVENUE, STE. 2000
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

249 N. MAITLAND AVENUE
STE. 2000
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

249 N. MAITLAND AVENUE, STE. 2000
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

249 N. MAITLAND AVENUE
STE. 2000
ALTAMONTE SPRINGS, FL 32701

FEI Number: 20-8310669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENDICOTT, JOHN P
249 N. MAITLAND AVENUE, STE. 2000
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

ENDICOTT, JOHN P
249 N. MAITLAND AVENUE
STE. 2000
ALTAMONTE SPRINGS, FL 32701 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: JOHN P ENDICOTT 04/21/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SLAVENS, JOHN W
Address: 249 N. MAITLAND AVENUE, STE. 2000
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN W SLAVENS MGRM 04/21/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date