


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90086 003 ***138.75

DOCUMENT # L07000009708 1. Entity Name AHAD HARBOR PROFESSIONAL, LLC																																							
Principal Place of Business 2400 HARBOR BLVD., STE. 9 PORT CHARLOTTE, FL 33952		Mailing Address % DAVID A. HOLMES, ESQUIRE 99 NESBIT STREET PUNTA GORDA, FL 33950																																					
2. Principal Place of Business - No P.O. Box # 3390 TAMiami TRAIL Suite, Apt. #, etc. # 205		3. Mailing Address 3390 TAMiami TRAIL Suite, Apt. #, etc. # 205																																					
City & State PORT CHARLOTTE, FL Zip 33952		City & State PORT CHARLOTTE, FL Zip 33952																																					
4. FEI Number 20-8392233		Applied For <input type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01102008 Chg-LLC CR2E083 (12/06)																																					
6. Name and Address of Current Registered Agent HOLMES, DAVID A. FARR, FARR, EMERICH, HACKETT & CARR PA 99 NESBIT STREET PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name DANIEL A. LANE Street Address (P.O. Box Number is Not Acceptable) 4166 TAMiami TRAIL City PORT CHARLOTTE FL Zip Code 33952																																					
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 obligation of registered agent. SIGNATURE <u><i>Daniel A. Lane</i></u> DATE <u>1-10-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																																					
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGR ARSHAD AHAD 3390 TAMiami TRAIL, #205 PORT CHARLOTTE, FL </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARSHAD AHAD 3390 TAMiami TRAIL, #205 PORT CHARLOTTE, FL		<input type="checkbox"/> Delete															10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGR ARSHAD AHAD 3390 TAMiami TRAIL, #205 PORT CHARLOTTE, FL 33952 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARSHAD AHAD 3390 TAMiami TRAIL, #205 PORT CHARLOTTE, FL 33952		<input type="checkbox"/> Change <input checked="" 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: <u><i>Arshad Ahad</i></u> Date <u>2/4/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #</small>																																							