
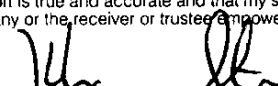


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90262 014 ***143.75

DOCUMENT # L07000012196 1. Entity Name MELBOURNE PROFESSIONAL COMPLEX, LLC			
Principal Place of Business C/O KIRK VON STEIN 333 - 17TH STREET, SUITE 2E VERO BEACH, FL 32960		Mailing Address C/O KIRK VON STEIN 333 - 17TH STREET, SUITE 2E VERO BEACH, FL 32960	
2. Principal Place of Business - No P.O. Box # C/O CHARLES A. VON STEIN, INC. Suite, Apt. #, etc. 333-17 STREET, SUITE 2E City & State VERO BEACH, FL Zip 32960		3. Mailing Address C/O CHARLES A. VON STEIN, INC. Suite, Apt. #, etc. 333-17 STREET, SUITE 2E City & State VERO BEACH, FL Zip 32960	
4. FEI Number 20-8418499		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FROMBERG, MALCOLM H 2 GROVE ISLE DRIVE PH-1 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FROMBERG, MALCOLM H 2 GROVE ISLE DRIVE, PH-1 COCONUT GROVE, FL 33133 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SELEVAN FROMBERG, DOREE 2 GROVE ISLE DRIVE, PH-1 COCONUT GROVE, FL 33133 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FROMBERG, LYNN W 3808 N.E. 209TH TERRACE AVENTURA, FL 33180 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VON STEIN, KIRK 333 - 17TH STREET, SUITE 2E VERO BEACH, FL 32960 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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:  Manager		3-12-08 772-778-4885	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	