

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050438

FILED
Feb 02, 2009
Secretary of State

Entity Name: PARK PLACE PROFESSIONAL SUITES, LLC

Current Principal Place of Business:

300 WEST DIXIE AVENUE
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

300 WEST DIXIE AVENUE
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 26-0164057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HABER, FLORA JO
300 WEST DIXIE AVENUE
LEESBURG, FL 34748 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: P () Delete
Name: HABER, FLORA JO
Address: 300 W DIXIE AVE
City-St-Zip: LEESBURG, FL 34748

Title: VP () Delete
Name: HABER, RANDY
Address: 605 CASCADE AVE
City-St-Zip: LEESBURG, FL 34748

Title: ST () Delete
Name: BARRETT, LYNN
Address: 1220 CRESTVIEW
City-St-Zip: MT DORA, FL 32657

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 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: FLORA JO HABER

PRES

02/02/2009

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