

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000050438

**FILED**  
**Jan 13, 2010**  
**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  
**Name:** HABER, FLORA JO  
**Address:** 300 W DIXIE AVE  
**City-St-Zip:** LEESBURG, FL 34748

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

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

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:** FLORA JO HABER

PRES

01/13/2010

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