

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000127631

FILED
Apr 17, 2012
Secretary of State

Entity Name: EMERALD HILLS PROFESSIONAL PLAZA, LLC

Current Principal Place of Business:

7777 DAVIE ROAD EXTENSION, SUITE 302-B
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

7777 DAVIE ROAD EXTENSION, SUITE 302-B
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 45-3819473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, TODD L
7777 DAVIE ROAD EXTENSION, SUITE 302-B
HOLLYWOOD, FL 33024 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: MGRM
Name: SRP LLC, A NEVIS LLC
Address: 4400 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM
Name: SHERIDAN DENTAL BUILDING, A FLA. G.P.
Address: 4410 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM
Name: SHERIDAN MEDICAL BUILDING, LLC
Address: 4420 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM
Name: SHERIDAN PROFESSIONAL BUILDING, LLC
Address: 4430 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM
Name: SHERIDAN ASSOCIATES, LLC
Address: 4450 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM
Name: FISHMAN, JERRY I
Address: 4480 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

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: TODD MILLER

MGR

04/17/2012

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