

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002122

FILED
Apr 23, 2008
Secretary of State

Entity Name: SOUTH NAPLES PROFESSIONAL CENTER, L.L.C.

Current Principal Place of Business:

1857 GALLEON DRIVE
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1857 GALLEON DRIVE
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-0913721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUEREDI, ADAM
1857 GALLEON DRIVE
NAPLES, FL 34102 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 () Delete
Name: FUEREDI, ADAM
Address: 1857 GALLEON DRIVE
City-St-Zip: NAPLES, FL 34102

Title: MGR () Delete
Name: MORRISON, MICHAEL M
Address: 2650 BULRUSH LANE
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MORRISON, MICHAEL M
Address: 1380 GREAT EGRET TRL
City-St-Zip: NAPLES, FL 34105

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: ADAM FUEREDI

MGRM

04/23/2008

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