

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000003071</b>	
1. Entity Name PINEHURST PROFESSIONAL OFFICE BUILDING, L.C.	
Principal Place of Business 17 S.E. 24TH AVENUE POMPANO BEACH, FL 33062	Mailing Address 17 S.E. 24TH AVENUE POMPANO BEACH, FL 33062



**DO NOT WRITE IN THIS SPACE**

05312005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
65-0922549

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JOVANOVIC, DOUGLAS  
17 S.E. 24TH AVENUE  
POMPANO BEACH, FL 33062

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

U00000368911  
06/03/05-80002-005 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOVANOVIC, DOUGLAS 17 S.E. 24TH AVENUE POMPANO BEACH, FL 33062
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5-31-05 157 783-8000