
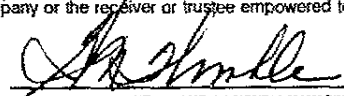


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000006367		
1. Entity Name BAY PINES PROFESSIONAL CENTER, L.L.C.		
Principal Place of Business 6100 TRAIL BLVD NO STE 3 NAPLES, FL 34108	Mailing Address 6100 TRAIL BLVD NO STE 3 NAPLES, FL 34108	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HORN, MICHAEL F 6100 TRAIL BLVD. NO. STE 3 NAPLES, FL 34108		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORN, MICHAEL F TRUSTEE 6100 TRAIL BLVD. NO STE 3 NAPLES, FL 34108	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOMBLE, G. MICHAEL 6100 TRAIL BLVD. NO. STE 3 NAPLES, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  1/9/07 239-587-4844 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3634039	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

U000000581998

01/11/07-80045-002 50.00