## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

## **Secretary of State DOCUMENT # L99000008008** 01-21-2005 90093 041 \*\*\*\*50.00 DATURA PROFESSIONAL BUILDING, L.L.C. Principal Place of Business Mailing Address ... UOUCUUUA 506 DATURA STREET . . . . 506 DATURA STREET WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182005 CR2E083 (10/03) City & State 4. FEI Number Applied For City & State 65-1006390 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BERGIN, ROBERT T-JR Street Address (P.O. Box Number is Not Acceptable) 506 DATURA STREET, STE B WEST PALM BEACH, FL 33401 Zip Code 8. The above named entity submits his 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 regist 20-2005 DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to . Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM Change TITLE Delete TITLE ☐ Addition BERGIN JR. ROBERT T NAME NAMÉ 506 DATURA STREET, STE A STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-7IP CITY-ST-ZIP **MGRM** TITLE ☐ Delete Change TITLE Addition GLATTHORN, DAVID J NAME 506 DATURA STREET, STE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33401 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Addition TITLE

FILED Jan 21, 2005 8:00 am

☐ Change

☐ Change

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☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

NAME

TITLE

NAME

TITLE

NAME

☐ Delete

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STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

(Robort 7- Borg: 1-20-205 561-659-6500)

SIGNATURE AND TYPED OR PRINTED MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #