

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001477

FILED
Jan 13, 2005
Secretary of State

Entity Name: LEMON BAY PROFESSIONAL CENTER, LLC

Current Principal Place of Business:

900 EAST PINE ST.
BLDG. 1 STE 122/123
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

900 EAST PINE ST.
BLDG. 1 STE 122/123
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 65-0374608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILBERSTEIN, DAVID M ESQ.
720 S. ORANGE AVE.
SARASOTA, FL 34236 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/MEMBERS:

Title: MGRM () Delete
Name: KONWISER, MARK M.D.
Address: 900 PINE STREET BLDG. 1 STE 122/123
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK KONWISER, M.D.

MGRM

01/13/2005

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