

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Jun 16, 2004 8:00 am**  
**Secretary of State**

06-16-2004 90120 008 \*\*\*\*50.00

**DOCUMENT # L03000040770**

1. Entity Name

MERCHANDISING PROFESSIONALS, LLC



Principal Place of Business

24807 BLAZING TRAIL WAY  
 LAND O' LAKES FL 34639

Mailing Address

24807 BLAZING TRAIL WAY  
 LAND O' LAKES FL 34639

2. Principal Place of Business

5407 KERN DR.

3. Mailing Address

5407 KERN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Spring Hill FL

Zip 34607

Country HERNANDO

City & State

Spring Hill

Zip 34607

Country HERNANDO

4. FEI Number

86-1083758

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HERDEN, DONALD C JR.  
 24807 BLAZING TRAIL WAY  
 LAND O' LAKES FL 34639

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Donald C Herden Jr.*

(NOTE: Registered Agent signature required when reinstating)

*4/30/04*

DATE

**FILE NOW!!! - FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	HERDEN, DONALD C JR	24807 BLAZING TRAIL WAY	LAND O' LAKES FL 34639	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

*Donald C Herden Jr.*

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

DATE

Daytime Phone #

*4/30/04*