


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90194 009 ****55.00

DOCUMENT # L05000094642

1. Entity Name
 AMPRO SYSTEMS, L.L.C.




Principal Place of Business
 100 FOX FIRE CIRCLE
 DAYTONA BEACH, FL 32119

Mailing Address
 100 FOX FIRE CIRCLE
 DAYTONA BEACH, FL 32119

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02192007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 20-3663128 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NIELSEN, DONALD C
 100 FOX FIRE CIRCLE
 DAYTONA BEACH, FL 32119

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWSON, THOMAS		NAME	Prestige Realty Associates, Inc.	
STREET ADDRESS	3765 JOHN ANDERSON DR		STREET ADDRESS	P.O. Box 2042	
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP	Ormond Beach, FL 32175	
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Erik Nielsen	
STREET ADDRESS			STREET ADDRESS	525 Carswell Ave., unit 0	
CITY-ST-ZIP			CITY-ST-ZIP	Holly Hill, FL 32117	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bret C. Nielsen	
STREET ADDRESS			STREET ADDRESS	525 Carswell Ave., unit 0	
CITY-ST-ZIP			CITY-ST-ZIP	Holly Hill, FL 32117	
TITLE		<input type="checkbox"/> Delete	TITLE	Manager & President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Donald C. Nielsen	
STREET ADDRESS			STREET ADDRESS	525 Carswell Ave., unit 0	
CITY-ST-ZIP			CITY-ST-ZIP	Holly Hill, FL 32117	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  **2-20-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #