SIGNATURE:

## Jun 06, 2006 8:00 am **2006 LIMITED LIABILITY COMPANY Secretary of State ANNUAL REPORT** 04-20-2006 90034 016 \*\*\*\*50.00 DOCUMENT # L05000121560 WESTON PRO SERV COMPANY, L.L.C. Principal Place of Business Mailing Address 30009635 5561 UNIVERSITY DRIVE 5561 UNIVERSITY DRIVE #103 #103 CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052006 CR2E083 (11/05) Chg-LLC 4. FEI Number Applied For City & State City & State 20-3975103 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name R. Chad Brenner CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 5561 University Drive, #103 City Coral Springs 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 8. The above named entit the obligations of registe 4/10/06 R. Chad Brenner SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE ☐ Change ☐ Addition ☐ Delete TITLE COLLERAN, BRIAN NAME NAME STREET ADDRESS 26669 BROOK PARK ROAD EXTENSION STREET ADDRESS CHY-ST-7IP NORTH OLMSTED, OH 44070 CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE NAME BRENNER, ROBERT C NAME **50 EAST WASHINGTON STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHAGRIN FALLS, OH 44022 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP TITLE Addition ☐ Delete IIII F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 jecewer of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED

Daytime Phone ( 0850

ATTACHMENT, 3000 9635

## Brenner Kaprosy Mitchell, L.L.P.

a Limited Liability Partnership Attorneys and Counselors at Law

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April 10, 2006

Florida Department of State Division of Corporations P.O. Box 6478 Tallahassee, Florida 32314

Re: Weston Pro Serv Company, L.L.C.

Dear Sir/Madam:

Enclosed please find the 2006 Limited Liability Company Annual Report for the above-captioned company, together with a check in the amount of \$50.00 representing the filing fee. Please file this document as soon as possible and forward the recorded paperwork to the undersigned.

Thank you for your time.

Very truly yours,

Karen Domke Legal Assistant

Enclosures