


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90077 047 \*\*\*\*50.00

**DOCUMENT # L06000065757**

1. Entity Name  
**PROCUREAGE, LLC**



Principal Place of Business  
~~1268~~ **NOBLE HERON WAY**  
**NAPLES, FL 34105**

Mailing Address  
**C/O KELLY, PASSIDOMO, ET AL**  
**2390 TAMiami TRAIL NORTH, SUITE 204**  
**NAPLES, FL 34103**

2. Principal Place of Business - No P.O. Box #  
**1350 NOBLE HERON WAY**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**NAPLES FL**

City & State

Zip  
**34105**

Country



01162007 Chg-LLC CR2E083 (12/06)

**6. Name and Address of Current Registered Agent**

**KELLY, CHARLES M JR.**  
**2390 TAMiami TRAIL NORTH, SUITE 204**  
**NAPLES, FL 34103**

**4. FEI Number**

Applied For  
 Not Applicable

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

**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 reinstalling) 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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM OSMENT, DAVID L 1368 NOBLE HERON WAY NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DAVID L OSMENT**  
  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1-24-07** **573-280-3042**  
 Date Daytime Phone #