

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016706

FILED
Feb 13, 2004
Secretary of State

Entity Name: ADVANPRO, LLC

Current Principal Place of Business:

10030 SW 77TH COURT
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

10030 SW 77TH COURT
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 42-1590447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN & PAYNE, P.A.
11575 HERON BAY BLVD.
SUITE 315
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

RENZO, CRIPPA
10030 SW 77TH COURT
MIAMI, FL 33156 US

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: RENZO CRIPPA

02/13/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CRIPPA, RENZO
Address: 10030 SW 77TH COURT
City-St-Zip: MIAMI, FL 33156 US

Title: MGRM () Delete
Name: GONZALEZ, JUAN C
Address: 11744 SW 134 COURT
City-St-Zip: MIAMI, FL 33186 US

Title: MGRM () Delete
Name: PUNET, RAMON
Address: 2931 SW 187 TERRACE
City-St-Zip: MIRAMAR, FL 33029 US

ADDITIONS/CHANGES:

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

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

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: RENZO CRIPPA

MGRM

02/13/2004

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