


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90364 037 ****50.00

DOCUMENT # L06000041139	
1. Entity Name MAINTENANCE PROFESSIONALS, LLC	

Principal Place of Business 10830 SW 113 PLACE MIAMI, FL 33176	Mailing Address 10830 SW 113 PLACE MIAMI, FL 33176
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2. Principal Place of Business - No P.O. Box # 705 Washington Ave Suite, Apt. #, etc.	3. Mailing Address 705 Washington Ave Suite, Apt. #, etc.
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City & State Miami Bch, FL Zip 33139 Country U.S.	City & State Miami Beach FL Zip 33139 Country U.S.
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04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4743174	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GREENBERG, JEFFREY 10830 SW 113 PLACE MIAMI, FL 33176		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENBERG, JEFFREY 10830 SW 113 PLACE MIAMI, FL 33176 <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: 	Date 4/30/07	Daytime Phone # 305 695 6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		