


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90106 008 \*\*\*138.75

<b>DOCUMENT # L00000016221</b>	
1. Entity Name <b>PRO-TEKNIC SOUTH, LLC</b>	

Principal Place of Business <b>621 NW 53RD STREET SUITE <del>225</del> *240 BOCA RATON, FL 33487</b>	Mailing Address <b>621 NW 53RD STREET SUITE <del>225</del> *240 BOCA RATON, FL 33487</b>
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**50003169**



2. Principal Place of Business - No P.O. Box # <b>* 621 NW 53rd Street</b>		3. Mailing Address <b>* 621 NW 53rd Street</b>	
Suite, Apt., #, etc. <b>Suite 240</b>		Suite, Apt., #, etc. <b>Suite 240</b>	
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>	
Zip <b>33487</b>	Country <b>USA</b>	Zip <b>33487</b>	Country <b>USA</b>

03312008 Chg-LLC CR2E083 (12/06)


4. FEI Number <b>65-0853306</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ERAN SOUTH CORP. 621 NW 53RD STREET SUITE <del>220</del> 240 BOCA RATON, FL 33487</b>		7. Name and Address of New Registered Agent Name <b>ERAN SOUTH CORP.</b> Street Address (P.O. Box Number is Not Acceptable) <b>621 NW 53rd Street</b> <b>Suite 240</b> City <b>BOCA RATON</b> FL Zip Code <b>33487</b>	
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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 **ALLAN ZIEGELMAN** DATE **3/31/08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM ZIEGELMAN, ALLAN 621 NW 53RD STREET #320 BOCA RATON, FL 33487</b> <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
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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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

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: **ALLAN ZIEGELMAN**  DATE **3/31/08** Daytime Phone # **901/241-3269**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE