2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# L01000001886

Entity Name: PROFESSIONAL DEVELOPERS GROUP, LLC

Current Principal Place of Business:

3838 TAMIAMI TRAIL N., STE. 416
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

3838 TAMIAMI TRAIL N., STE. 416
NAPLES, FL 34103

New Mailing Address:

FEI Number: 65-1088023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FELDEN, CHRISTIAN B ESQ.
3838 TAMIAMI TRAIL N., STE. 416
NAPLES, FL 34103

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: JENKINS, DIANA L
Address: 4970 DEERFIELD WAY, #204
City-St-Zip: NAPLES, FL 34110

Title: MGR ( ) Change (X) Addition
Name: NEIBEL, LYNN
Address: 1786 TRADE CENTER WAY, SUITE 4
City-St-Zip: NAPLES, FL 34109

Title: MGR ( ) Change (X) Addition
Name: FELDEN, VIKI
Address: 3838 TAMIAMI TRAIL NORTH, SUITE 416
City-St-Zip: NAPLES, FL 34103

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: DIANA L. JENKINS MGR 04/30/2002

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