FILED
Aug 25, 2002 8:00 am
Secretary of State
05-07-2002 90392 045 ****50.00

nt LLC

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Plant City, Fl. 33563
Hillsborough Cty.
[redacted]

42036

[redacted]

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008180

1. Entity Name
PROFESSIONAL ASSET MANAGEMENT, "LLC"

Principal Place of Business	Mailing Address
607 S. ALEXANDER STREET SUITE 108A PLANT CITY FL 33566	607 S. ALEXANDER STREET SUITE 108A PLANT CITY FL 33566

2. Principal Place of Business	3. Mailing Address
302 N. Palm Dr.	302 N. Palm Dr.
Suite, Apt. #, etc.: 103	Suite, Apt. #, etc.: 103
City & State: Plant City, Fl.	City & State:
Zip: 33566 Country: Hillsborough	Zip: 33566 Country: Hillsborough

4. FEI Number — [X] Applied For / [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
OSBORNE, DAVID C
2003 N. SANDALWOOD DR. N.
PLANT CITY FL 33566

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.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member DAVID C. OSBORNE 2007 W. Sandalwood Dr. N. Plant City, Fl. 33563	[ ] Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E063 (8/01)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE REQUIRED [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/02 — Date
813-299-1451 — Daytime Phone #