


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000008543	
1. Entity Name PROCRAFT OF SOUTH FLORIDA, LLC	

Principal Place of Business 1486 -D SKEES RD WEST PALM BEACH, FL 33411	Mailing Address 1486 -D SKEES RD WEST PALM BEACH, FL 33411
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04252005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-4448234	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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5. Name and Address of Current Registered Agent  EISNAUGLE, DENNIS S 3380 "D" ROAD LOXAHATCHEE, FL 33470
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<b>DO NOT WRITE IN THIS SPACE</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

*Dennis S. Eisnagle*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relistening)

4-25-05

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EISNAUGLE, DENNIS S 3380 "D" RD LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOUGH, KENNETH B 10181 SW 67 COURT OCALA, FL 34476
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04/27/05-80170-019 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Kenneth B. Hough*

4-25-05

Date

Daytime Phone #

561-616-9991