

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000824

FILED
Apr 24, 2006
Secretary of State

Entity Name: PROVIDE MANAGEMENT GROUP, LLC

Current Principal Place of Business:

611 DRUID RD STE 105
CLEARWATER, FL 33756

New Principal Place of Business:

611 DRUID RD STE
#105
CLEARWATER, FL 33756

Current Mailing Address:

C/O NEF, 500 W MADISON ST, STE 2400
CHICAGO, IL 60661

New Mailing Address:

C/O NFP, 500 W MADISON ST
SUITE 2400
CHICAGO, IL 60661

FEI Number: 01-0590880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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/MANAGERS:

Title: CEOP () Delete
Name: FERRARA, RAYMOND V
Address: 611 DRUID ROAD, #105
City-St-Zip: CLEARWATER, FL 33756

Title: V () Delete
Name: EBBERT, EREC
Address: 611 DRUID RD., #105
City-St-Zip: CLEARWATER, FL 33756

Title: EVPD () Delete
Name: FYFE, BRUCE
Address: 611 DRUID RD., #105
City-St-Zip: CLEARWATER, FL 33756

Title: TS () Delete
Name: DURBIN, ANGELA
Address: 611 DRUID RD., #105
City-St-Zip: CLEARWATER, FL 33756

Title: VP () Delete
Name: LIEBER, LORI M
Address: 500 W. MADISON, SUITE 3650
City-St-Zip: CHICAGO, IL 60661

Title: EVP () Delete
Name: PREWETT, LUCAS
Address: 611 DRUID RD., #105
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EVP (X) Change () Addition
Name: EBBERT, ERIC
Address: 611 DRUID RD., #105
City-St-Zip: CLEARWATER, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LIESER, LORI M
Address: 500 W. MADISON, SUITE 2400
City-St-Zip: CHICAGO, IL 60661

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LORI M. LIESER

VP

04/24/2006

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