2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPURT (AR)							San 02	2005	` 00.00	A ВИТ	
DOCUMENT # L02000606136					Sep 02, 2005 08:00 AM Secretary of State						
FLORIDA PROFESSIONAL SERVICES, LTD. CO.											
				1.3							
Principal Plac	e of Business	Mailing Address									
100 NE 89TH ST.		100 NE 89TH ST.									
EL PORTAL FL 33138		EL PORTAL FL 33138			1	[]	<u> </u>		1111 1111 1111 1111 11) 78 (17 / 78)	
2. Principal Place of Business		3. Mailing Address		·) II	INIUNSE NESE MANIEN ESANT MANIEL MAN			inni iis inni	
Suite, Apt. #, etc.		Suite, Apt #, etc.				2	nd MOORE	CR2E08	3 (5/05)		
City & State		City & State			4. FEI Numi	ber		Ap	plied For		
on, a duite							65-081129	6		t Applicable	
Zip Country		Zip C		Country		5. Certificat	te of Status Desired		\$5.00 Add		
 -	S. Name and Address of Courset	Degistance Amount					<u>. </u>		Fee Require	d	
6. Name and Address of Current Registered Agent						. /. Name an	d Address of New	Registered	Agent		
ZIPKIN, SHELDON ESQ. 2020 NE 163 ST., #300					Name						
202	O NE 163 ST., #300	_		Street Ac	aaress (F	P.O. Box Number is Not Acceptable)					
NO	RTH MIAMI BÉACH FL 3316	2	į								
		•	-	City		·	<u>_</u> <u>_</u>	FL	Zip Code	<u>- 3000</u>	
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the obligat	named entity submits this statement for tions of registered agent.	r the purpose of changing its i	registere	a onice of	registere	ed agent, or b	oth, in the State of F	orida. Iam	tamiliar with,	and accept	
SIGNATURE Signature typed or printed name of registered agent and tills if applicable (NOTE Registered Agent signature required when reinstatung) DATE											
FILE NOW!!! FEE IS \$50.00											
Make Check Payable to Florid						t of State					
_		Due By	Septer	nber 7, 2	005	and the second					
9.	MANAGING MEMBE	RS/MANAGERS	10.				ADDITIONS	CHANGES			
FILE	MGR	Delete	10115						☐ Change	Addition	
NAME STREET ADDRESS	MCKNIGHT, ALFRED		NAME STREE	LADORESS			U000003	77572			
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NAME SCHEFT ADDRESS			PMAM 1691.	LAUDRESS							
CHY-ST-ZIF				Si-ZiP							

11. I hereby certify that the information supplied with this filling 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 significant 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

Albert MYKNIGHT

FILED