

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006212

FILED
Apr 26, 2006
Secretary of State

Entity Name: PROFESSIONAL SERVICES PROVIDER, L.L.C.

Current Principal Place of Business:

2137 WEST MARTIN LUTHER KING BLVD.
TAMPA, FL 33607

New Principal Place of Business:

4237 HENDERSON BLVD.
TAMPA, FL 33629

Current Mailing Address:

PO BOX 1186
TAMPA, FL 33601

New Mailing Address:

FEI Number: 75-3032692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGMANN, FREDERICK J
2137 WEST MARTIN LUTHER KING BLVD.
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

BERGMANN, FREDERICK J
4237 HENDERSON BLVD.
TAMPA, FL 33629 US

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:

04/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCCOSKRIE, JOHN
Address: 2137 WEST MARTIN LUTHER KING BLVD.
City-St-Zip: TAMPA, FL 33607

Title: MGR () Delete
Name: BERGMANN, FREDERICK J
Address: 2137 WEST MARTIN LUTHER KING BLVD.
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: BERGMANN, FREDERICK J
Address: 4237 HENDERSON BLVD
City-St-Zip: TAMPA, FL 33629

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: FREDERICK J. BERGMANN

MGR

04/26/2006

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