

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018304

FILED  
Jul 19, 2006  
Secretary of State

Entity Name: PROFESSIONAL CONSULTANTS UNLIMITED LLC

## Current Principal Place of Business:

P.O. BOX 3721  
LANTANA, FL 33465 US

## New Principal Place of Business:

P.O. BOX 376  
HOBE SOUND, FL 33475 US

## Current Mailing Address:

P.O. BOX 3721  
LANTANA, FL 33465 US

## New Mailing Address:

P.O. BOX 376  
HOBE SOUND, FL 33475 US

FEI Number: 48-1266578      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

PURCELL, LINDA D  
300 CROTON AVENUE  
#102  
LANTANA, FL 33462 US

## Name and Address of New Registered Agent:

PURCELL, LINDA D  
7797 S.E. ARRANCE STREET  
HOBE SOUND, FL 33455 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: LINDA D. PURCELL

07/19/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MCLEAN, JOSEPH E MEMBER  
Address: 300 CROTON AVENUE UNIT 102  
City-St-Zip: LANTANA, FL 33462 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MCLEAN, JOSEPH E MEMBER  
Address: 7797 S.E. ARRANCE STREET  
City-St-Zip: HOBE SOUND, FL 33455 US

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: JOSEPH E. MCLEAN

MJR.

07/19/2006

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