

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018304

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** PROFESSIONAL CONSULTANTS UNLIMITED LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 48-1266578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

PURCELL, LINDA D  
7797 S.E. ARRANCE STREET  
HBE 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

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MR. (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 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

MEMB

04/29/2008

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