

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000017616	
1. Entity Name THE PROFESSIONALS REALTY, LLC	
Principal Place of Business 87 ROYAL PALM POINTE VERO BEACH, FL 32960 US	Mailing Address 87 ROYAL PALM POINTE VERO BEACH, FL 32960 US



DO NOT WRITE IN THIS SPACE

07152005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 75-3117365	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LANDERS, KENNETH A JR. 87 ROYAL PALM POINTE VERO BEACH, FL 32960	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/1/05

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LANDERS, KENNETH JR. 87 ROYAL PALM POINTE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SEEBURG, MARK 87 ROYAL PALM POINTE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOYD, MIKE 87 ROYAL PALM POINTE VERO BEACH, FL 32960
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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08/05/05-80009-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Mark P. Seeburg
MARK P. SEEBURG

8/1/05

Date

772-299-6080

Daytime Phone #