

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017676

FILED
Apr 27, 2005
Secretary of State

Entity Name: PROFESSIONAL REAL ESTATE SOLUTIONS LLC

Current Principal Place of Business:

5990 AVENUE F
MCINTOSH, FL 32664

New Principal Place of Business:

1717 NW 23RD AV.
GAINESVILLE, FL 32605

Current Mailing Address:

P. O. BOX 141652
GAINESVILLE, FL 32614

New Mailing Address:

P. O. BOX 358718
GAINESVILLE, FL 32635

FEI Number: 13-4248427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, RICHARD T
5990 AVENUE F
GAINESVILLE, FL 32614 US

Name and Address of New Registered Agent:

KING, RICHARD T
1717NW 23RD AV.
GAINESVILLE, FL 32605 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: RICHARD T. KING

04/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KING, RICHARD T
Address: 5990 AVENUE F
City-St-Zip: MCINTOSH, FL 32664

Title: MGRM () Delete
Name: KING, LYNN E
Address: 5990 AVENUE F
City-St-Zip: MCINTOSH, FL 32664

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KING, RICHARD T
Address: 1717 NW 23RD AV
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM (X) Change () Addition
Name: KING, LYNN E
Address: 1717 NW 23RD AV.
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICHARD T. KING

MGRM

04/27/2005

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