

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 03, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90148 044 \*\*\*\*55.00

**DOCUMENT # L03000021156**

1. Entity Name

PROFILES, LLC



Principal Place of Business

562 LAKE ASBURY DR.  
GREEN COVE SPRINGS FL 32043

Mailing Address

562 LAKE ASBURY DR.  
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

562 LAKE ASBURY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GREEN COVE SPRINGS, FL

City & State

GREEN COVE SPRINGS, FL

4. FEI Number

06-1701212

Applied For

Not Applicable

Zip

32043

Country

CLAY

Zip

32043

Country

CLAY

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, PATRICIA A  
562 LAKE ASBURY DR.  
GREEN COVE SPRINGS FL 32043

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 date if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 8, 2004**

MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

LE ME	PATRICIA A. WHITE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REET ADDRESS Y-ST-ZIP	562 LAKE ASBURY DR. GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	
LE ME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	
LE ME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	
LE ME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	
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LE ME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

08/04/04

Date

Daytime Phone #