


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000024109 1. Entity Name PROFESSIONAL SERVICES GROUP, LLC	
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Principal Place of Business
3032 CASTALAIN COURT
NAPLES, FL 34105

Mailing Address
3032 CASTALAIN COURT
NAPLES, FL 34105



DO NOT WRITE IN THIS SPACE

04092005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0089402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KEELEY, PETER L
5551 RIDGEWOOD DRIVE, SUITE 501
GRANT, FRIDKIN, PEARSON, ATHAN & CROWN
NAPLES, FL 34108

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
MARINO, ROBERT J
3032 CASTALAIN COURT
NAPLES, FL 34105

TITLE
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04/19/05-80084-018 50.00

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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 of 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

Date

Daytime Phone #

4.14.05 239 213 0504