2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2008
Secretary of State

DOCUMENT# L03000032220

Entity Name: PERFORMANCE POTENTIAL PROFESSIONALS, L.L.C.

Current Principal Place of Business:

6547 MIDNIGHT PASS ROAD, #12
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

6547 MIDNIGHT PASS ROAD, #12
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 37-1477245 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FORSMAN, ALAN R
6547 MIDNIGHT PASS RD., #12
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FORSMAN, ALAN R
Address: 6547 MIDNIGHT PASS ROAD, #12
City-St-Zip: SARASOTA, FL 34242 US

Title: MGR ( ) Delete
Name: ERICKSON, DAVID G
Address: 1625 SHERMER ROAD
City-St-Zip: NORTHBROOK, IL 60062 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DAVID G. ERICKSON MGR 07/16/2008

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