

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032220

FILED
Apr 14, 2009
Secretary of State

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 ()

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

04/14/2009

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