


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90020 022 \*\*\*\*50.00

<b>DOCUMENT # L03000035630</b>	
1. Entity Name <b>PRO-STAFF INVESTMENTS, LLC</b>	

Principal Place of Business <b>384 MEADOW BEAUTY TERRACE SANFORD, FL 32771</b>	Mailing Address <b>384 MEADOW BEAUTY TERRACE SANFORD, FL 32771</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



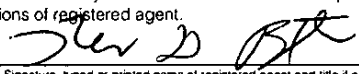
01132006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-0243852</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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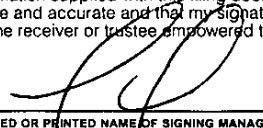
6. Name and Address of Current Registered Agent	
<b>MILLER, SOUTH &amp; MILHAUSEN, P.A. 2699 LEE ROAD, SUITE 120 WINTER PARK, FL 32789</b>	

7. Name and Address of New Registered Agent	
Name <b>Miller, South &amp; Milhausen, P.A.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>c/o Richard D. Baxter, Esq.</b>	
<b>1000 Legion Place, Suite 1200</b>	
City <b>Orlando,</b>	FL Zip Code <b>32801</b>

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 	DATE <b>1/20/06</b>

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WELCH, ROBERT JR. 384 MEADOW BEAUTY TERRACE SANFORD, FL 32771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	Date <b>4-10-06</b> Daytime Phone # <b>4072927378</b>