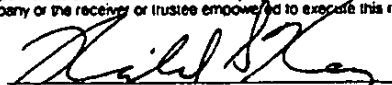


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-25-2006 90017 040 *****50.00
L03000037033

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DOCUMENT # L03000037033			
1. Entity Name MAINLINE PROFESSIONAL SERVICES, LLC			
Principal Place of Business 1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317		Mailing Address 1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 54-2126667		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04142006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent HARRIS, FRED F JR 101 E. COLLEGE AVE. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TERRA VISTA, INC 1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KEARNEY, RICHARD S MEMBER 1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 606, Florida Statutes.			
SIGNATURE: 		4-20-06 850-219-5221	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

