2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2005
Secretary of State

DOCUMENT# L04000006144

Entity Name: PROVEST, LLC

Current Principal Place of Business:

C/O TRIPP SCOTT, P.A.
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

C/O TRIPP SCOTT, P.A.
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 20-0639383 **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:

TAYLOR, DANIEL E ESQ.
C/O TRIPP SCOTT, P.A.
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301 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/MEMBERS:

Title: MGRM ( ) Delete
Name: TAYLOR, GAYNA
Address: 3899 NW 27TH AVENUE
City-St-Zip: BOCA RATON, FL 33434 US

Title: MGRM ( ) Delete
Name: FROST, SUSAN JANE
Address: 250 FAN PALM ROAD
City-St-Zip: BOCA RATON, FL 33432 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 for the exemption stated in Section 119.07(3)(i), 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: GAYNA TAYLOR MGRM 05/20/2005

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