
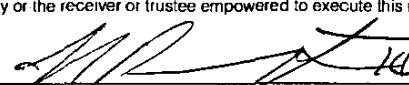


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90022 030 *****55.00

DOCUMENT # L04000009744 1. Entity Name PRO-SPECT LLC					
Principal Place of Business 4344 RIVERSIDE PARK ROAD ORLANDO, FL 32810 US			Mailing Address 4344 RIVERSIDE PARK ROAD ORLANDO, FL 32810 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PENNINGTON, JOSEPH III 4344 RIVERSIDE PARK ROAD ORLANDO, FL 32810			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 re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PENNINGTON, JOSEPH III		NAME	JODIGA, WEXLEBERG	
STREET ADDRESS	4344 RIVERSIDE PARK ROAD		STREET ADDRESS	20 KIN CRAIG DR	
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP	VALPARISO, IN 46385	
TITLE	MGR <input checked="" type="checkbox"/> Delete		TITLE		
NAME	GAYLE, KATHRYN M		NAME		
STREET ADDRESS	4344 RIVERSIDE PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 			4-4-2005 407 489-4087		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		