2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-28-2005 90285 021 ****50.00

DOCUMENT # L04000030721

1. Entity Name
PROFESSIONAL RESOURCES, LLC

Principal Place of Business	Mailing Address
1 NE FIRST AVENUE, STE. 303 OCALA, FL 34470	1 NE FIRST AVENUE, STE. 303 OCALA, FL 34470

02232005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
21 NORTH MAGNOLIA AVE	21 NORTH MAGNOLIA AVE
Suite, Apt. #, etc.: SECOND FLOOR	Suite, Apt. #, etc.: SECOND FLOOR
City & State: OCALA, FL	City & State: OCALA, FL
Zip: 34475 Country:	Zip: 34475 Country:

4. FEI Number 20-2681158 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TROW, CHESTER J
1 NE FIRST AVENUE, STE. 303
OCALA, FL 34470

7. Name and Address of New Registered Agent

Name: TROW, CHESTER J
Street Address (P.O. Box Number is Not Acceptable): ~~21 NORTH MAGNOLIA AVENUE~~
SECOND FLOOR
City: OCALA FL Zip Code: 34475

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 [signature] 3/16/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TROW, CHESTER J 1972 TWIN BRIDGE CIRCLE OCALA, FL 34471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TROW, CHESTER J 21 NORTH MAGNOLIA AVENUE, 2nd FL OCALA, FL 34475	☐ 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
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 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: [signature] 3/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #