

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045342

FILED
Jul 01, 2005
Secretary of State

Entity Name: PROFESSIONAL BUSINESS BROKERS OF VERO BEACH, LLC

Current Principal Place of Business:

2770 INDIAN RIVER BOULEVARD
SUITE 307
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

2770 INDIAN RIVER BOULEVARD
SUITE 307
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 20-1279034 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:

Name and Address of New Registered Agent:

STIVERS, JOHN S
3270 SUNTREE BOULEVARD
SUITE 101
MELBOURNE, FL 32940 US

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/MANAGERS:

Title: MGRM () Delete
Name: FINCH, RICHARD W
Address: 2770 INDIAN RIVER BOULEVARD, STE 307
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM () Delete
Name: PROFESSIONAL BUS. BR, OKERS, INC.
Address: 3270 SUNTREE BOULEVARD, STE 101
City-St-Zip: MELBOURNE, FL 32940

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: RICHARD W. FINCH

MGRM

07/01/2005

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