2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000049267

1. Entity Name PROVIDENT INVESTMENTS, LLC



FILED May 02, 2007 08:00 A Secretary of State

Principal Place of Business

1101 BELCHER ROAD SOUTH

SUITE B LARGO, FL 33771 Mailing Address

P.O. BOX 8242

MADEIRA BEACH, FL 33738



04302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied For
61-1472741	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PERLMAN, JOSEPH N ESQ. 1101 BELCHER ROAD SOUTH SUITE B

DO NOT WRITE IN THIS SPACE

LARGO, F	L 33771		SPACE
	named entity submits this statement for the purpose of challions of registered agent.	anging its registered office or registered agent, or both, in the St	ate of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	lling Fee Is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, JOSEPH P 1101 BELCHER ROAD SOUTH, STE B CLEARWATER, FL 33771		U00000755664
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, IDAMAE 1101 BELCHER ROAD SOUTH, STE B CLEARWATER, FL 33771	05	/22/07-80109-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	TWRITE
TITLE		IN THIS	SPACE

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 608, Florida Statutes.

SIG	NATUR	RE:		

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
STREET ADDRESS
CITY-ST-ZIP

5com WEBER

4-30-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Dete

Daytime Phone #