


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L04000050013 1. Entity Name PRO MANAGEMENT, LLC |  |
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| Principal Place of Business 13048 FLAMINGO TERRACE PALM BEACH GARDENS, FL 33410 US | Mailing Address 12189 US HWY. 1, STE. 49-127 NORTH PALM BEACH, FL 33408 |
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02212007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 20-1331688 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MOORE, GORDON P 12189 US HWY. 1, STE. 49-127 NORTH PALM BEACH, FL 33408 |
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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, 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, 2007**

| B. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MOORE, GORDON P 12189 US HWY. 1, STE. 49-127 NORTH PALM BEACH, FL 33408 |
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| <p>U00000645733 03/06/07-80001-001 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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.

SIGNATURE:  MGRM **2/21/07 561-691-1504**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #