

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 29, 2005  
Secretary of State**

DOCUMENT# L04000058133

Entity Name: PRONET ASSOCIATES, LLC

**Current Principal Place of Business:**

16842 HARRIERRIDGE PLACE  
TAMPA, FL 33547

**New Principal Place of Business:**

**Current Mailing Address:**

16842 HARRIERRIDGE PLACE  
TAMPA, FL 33547

**New Mailing Address:**

FEI Number: 20-1435251      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LASMAN, JEFFREY M ESQ.  
C/O LASMAN LAW FIRM, P.A.  
115 PROVIDENCE ROAD  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

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/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: FIELD, SEAN M  
Address: 16842 HARRIERRIDGE PLACE  
City-St-Zip: TAMPA, FL 33547

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR                      ( ) Change (X) Addition  
Name: FIELD, MONICA M  
Address: 16842 HARRIERRIDGE PLACE  
City-St-Zip: LITHIA, FL 33547

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: MONICA FIELD

MGR

04/29/2005

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