


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000065726 1. Entity Name PRO L.L.C.	
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Principal Place of Business C/O JAMES (SKIP) MUFALLI 11050 SUMMERLIN SQUARE DRIVE FORT MYERS BEACH, FL 33931	Mailing Address C/O JAMES (SKIP) MUFALLI 11050 SUMMERLIN SQUARE DRIVE FORT MYERS BEACH, FL 33931
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01182006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1634931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MUFALLI, JAMES T.(SKIP)  
C/O CENTURY 21 SUN STATE REALTY, INC.  
11050 SUMMERLIN SQUARE DRIVE  
FORT MYERS BEACH, FL 33931

**DO NOT WRITE  
IN THIS SPACE**

6. 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, 2006**

1000000420526  
02/15/06-80060-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUFALLI, JAMES (SKIP) T 11050 SUMMERLIN SQUARE DRIVE FORT MYERS BEACH, FL 33931
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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.

SIGNATURE: Skip Mufalli 239 454-8922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #