

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000072945

1. Entity Name
PROFESSIONAL INVESTORS, LLC



Principal Place of Business
**3814 CLIFFDALE DRIVE
VALRICO, FL 33594 US**

Mailing Address
**3814 CLIFFDALE DRIVE
VALRICO, FL 33594 US**



02272008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1731319	Applied For <input type="checkbox"/> 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

**O'HALLARON, KERRY C
3814 CLIFFDALE DRIVE
VALRICO, FL 33594**

**DO NOT WRITE
IN THIS SPACE**

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)

00000084300000

03/12/08-80017-013 138.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	O'HALLARON, KERRY C
STREET ADDRESS	3814 CLIFFDALE DRIVE
CITY-ST-ZIP	VALRICO, FL 33594

TITLE	MGR
NAME	O'HALLARON, CAROL
STREET ADDRESS	3814 CLIFFDALE DRIVE
CITY-ST-ZIP	VALRICO, FL 33594

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
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:

Kerry O'Hallaron **Kerry O'Hallaron Mgr. mbr. 02/27/2008 813-681-5783**

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

Date

Daytime Phone #