

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073911

FILED  
Mar 14, 2006  
Secretary of State

**Entity Name:** PROFESSIONALS REFERRAL NETWORK, LLC

**Current Principal Place of Business:**

10115 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

10115 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 06-1734480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANDEL, PAUL  
10115 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

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

GOTTLIEB, STEVEN L  
10115 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

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: STEVEN L GOTTLIEB

03/14/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MANDEL, PAUL  
Address: 10115 WEST SAMPLE ROAD  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM ( ) Delete  
Name: GOTTLIEB, STEVEN  
Address: 7463 NW 124 AVENUE  
City-St-Zip: PARKLAND, FL 33076

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: STEVEN L GOTTLIEB

MGRM

03/14/2006

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