



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90105 002 ****50.00

DOCUMENT # L04000084671					
1. Entity Name PROCOM PROPERTIES, LLC					
Principal Place of Business 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308			Mailing Address 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308		
2. Principal Place of Business 10100 NW 25th Street <small>Suite, Apt. #, etc.</small>		3. Mailing Address 10100 NW 25th Street <small>Suite, Apt. #, etc.</small>			
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 65-0761876	
Zip 33166		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOUFF, JANICE T 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Marvin I. Wiener, Esq. Street Address (P.O. Box Number is Not Acceptable) 2121 Ponce De Leon Blvd. Suite Suite 900 City Coral Gables FL Zip Code 33134	
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 <i>Marvin I. Wiener</i> 8/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
(Empty row for managing member)			Manager/Member Flavio R. Quesada 10100 NW 25th Street Miami, Florida 33166		
(Empty row for managing member)			(Empty row for additions/changes)		
(Empty row for managing member)			(Empty row for additions/changes)		
(Empty row for managing member)			(Empty row for additions/changes)		
(Empty row for managing member)			(Empty row for additions/changes)		
(Empty row for managing member)			(Empty row for additions/changes)		
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Flavio R. Quesada</i> 8/15/05 705.593.6590 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					