2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087647

Entity Name: EMINENT PROFESSIONAL SERVICES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
2601 HAWTHORNE LANE KISSIMMEE, FL 34743	

Current Mailing Address:	**New Mailing Address:**
1970 E OSCEOLA PKWY #264 KISSIMMEE, FL 34743	2601 HAWTHORNE LANE KISSIMMEE, FL 34743

FEI Number: 75-3176346   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
ROSS, MARIAN A 169 ALAMEDA DR KISSIMMEE, FL 34743 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: _____

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	
Name:	MARSHMAN, LINDA A	
Address:	317 E LINCOLN AVE	
City-St-Zip:	MT VERNON, NY 10552	

Title:	MGR (X) Change ( ) Addition
Name:	MARSHMAN, MALCOLM X
Address:	2601 HAWTHORNE LANE
City-St-Zip:	KISSIMMEE, FL 34743

Title:	MGRM ( ) Delete
Name:	MARSHMAN, ROY C
Address:	317 E LINCOLN AVE
City-St-Zip:	MT VERNON, NY 10552

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

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

Title:	MGRM ( ) Change (X) Addition
Name:	MARSHMAN, LINDA A
Address:	317 E. LINCOLN AVE
City-St-Zip:	MT. VERNON, NY 10552

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: MALCOLM X MARSHMAN   MGR   01/04/2005

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