

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087647

FILED
May 14, 2006
Secretary of State

Entity Name: EMINENT PROFESSIONAL SERVICES, LLC

Current Principal Place of Business:

2601 HAWTHORNE LANE
KISSIMMEE, FL 34743

New Principal Place of Business:

Current Mailing Address:

2601 HAWTHORNE LANE
KISSIMMEE, FL 34743

New Mailing Address:

FEI Number: 75-3176346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROSS, MARIAN A
169 ALAMEDA DR
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

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/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

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

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: MALCOLM X MARSHMAN

MGR

05/14/2006

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