

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000089322**

1. Entity Name  
**SITEPRO, LLC**



Principal Place of Business  
**362 GULF BREEZE PARKWAY #214**  
**GULF BREEZE, FL 32561**

Mailing Address  
**362 GULF BREEZE PARKWAY #214**  
**GULF BREEZE, FL 32561**

**DO NOT WRITE IN THIS SPACE**



01232006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>27-0112430</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HIBBERTS, VAN G**  
**362 GULF BREEZE PARKWAY #214**  
**GULF BREEZE, FL 32561**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

U00000429486  
 02/22/06-80009-013 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIBBERTS, VAN G 362 GULF BREEZE PARKWAY #214 GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIBBERTS, DEBORAH S 362 GULF BREEZE PARKWAY, # 214 GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: Deborah S Hibberts Date: 2/10/06 Daytime Phone #: 850/934-6800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE