


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -5 AM 9:24

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
--	--



09052007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 September 14, 2007**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300110524479
10/09/07--01024--004 **55.00

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 2007

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* 9/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #