


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