

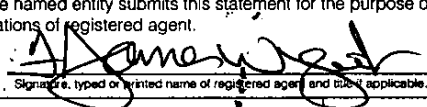
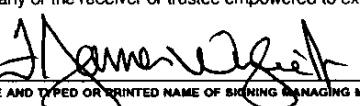


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90084 023 \*\*\*\*50.00

<b>DOCUMENT # L04000091981</b> 1. Entity Name <b>PROFESSIONAL CONSULTANT, LLC</b>					
Principal Place of Business <b>5359 PEMBRIDGE PLACE TALLAHASSEE, FL 32308</b>			Mailing Address <b>5359 PEMBRIDGE PLACE TALLAHASSEE, FL 32308</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		02012006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number <b>22-3904838</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BREWSTER, JAMES R 547 N MONROE STREET, SUITE 203 TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent  Name <b>F. JAMES WYLLIE JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>5359 Pembridge Place</b> <b>Tallahassee</b> City <b>FL</b> Zip Code <b>32309</b>		
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 <b>2-2-06</b>	
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WYLLIE, F. JAMES JR 5359 PEMBRIDGE PLACE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 				F. JAMES WYLLIE, JR 2-2-06 850-567-1705	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	