FILED
Apr 10, 2006 08:00 AM
Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000093657

1. Entity Name
PRIEST HUFFMAN PROFORM, LLC

Principal Place of Business	Mailing Address
818 WEST UNIVERSITY AVENUE SUITE 213 GAINESVILLE, FL 32601	818 WEST UNIVERSITY AVENUE SUITE 213 GAINESVILLE, FL 32601

DO NOT WRITE IN THIS SPACE

04062006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2181173

Applied For
No: Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BOONE, SAM W JR.
605 NE 1ST STREET, SUITE E
GAINESVILLE, FL 32601

DO NOT WRITE IN THIS SPACE

9. 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (REQUIRED: Registered Agent, officer or director required when changing) DATE

Filing Fee is $50.00
Due by May 1, 2006

U00000500308
04/25/06-80015-021 50.00

8. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MEYROWITZ, JOAN C
STREET ADDRESS	818 WEST UNIVERSITY AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32601
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	
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 605, Florida Statutes.

SIGNATURE: Joan C. Meyrowitz 352-332-7506 04/07/06 Joan C. Meyrowitz

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #