

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90023 020 \*\*\*\*50.00

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<b>DOCUMENT # L05000004893</b> 1. Entity Name <b>CONSOLIDATED PROFESSIONAL RESOURCES LIMITED LIABILITY COMPANY</b>					
Principal Place of Business <b>17644 S/W 9TH STREET PEMBROKE PINES, FL 33029</b>			Mailing Address <b>17644 S/W 9TH STREET PEMBROKE PINES, FL 33029</b>		
2. Principal Place of Business Suite, Apt. #, etc.: City & State: Zip:			3. Mailing Address Suite, Apt. #, etc.: City & State: Zip:		
4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">84-1667489</div>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>BAKER, KEVIN S 17644 S/W 9TH STREET PEMBROKE PINES, FL 33029</b>				7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: <span style="float: right;"><b>FL</b></span> Zip Code:	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM BAKER, KEVIN S 17644 S/W 9TH STREET PEMBROKE PINES, FL 33029</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM BAKER, DIANA 17644 S/W 9TH STREET PEMBROKE PINES, FL 33029</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM COMFORT, CHRIS H 803 CHEROKEE DR. LIVERMORE, CA 94551</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <i>Diana Baker</i> <b>Diana Baker</b>				Date: <b>4/26/06</b> Daytime Phone #: <b>954-205-1100</b>	