


FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90262 007 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

| | | | | | |
|---|--|---|---|---|----------|
| DOCUMENT # L05000016002 | | | |  | |
| 1. Entity Name PROFESSIONAL PARTNERS, LLC | | | | | |
| Principal Place of Business 89 WOODSIDE DRIVE LAKELAND, FL 33813 | | | Mailing Address 89 WOODSIDE DRIVE LAKELAND, FL 33813 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 202351698 | |
| | | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| BRUCE, JOHN ROBERT 89 WOODSIDE DRIVE LAKELAND, FL 33813 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | | |
| | | | City | FL | 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 re-registering) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BRUCE, MARCIA E 89 WOODSIDE DRIVE LAKELAND, FL 33813 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LAFONTAINE, EVELYN E 3185 WREN LANE MULBERRY, FL 33860 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 10. ADDITIONS/CHANGES | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <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. | | | | | |
| SIGNATURE: <u>MARCIA BRUCE Marcia E. Bruce</u> <u>3-16-06</u> <u>863-619-6417</u> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |