

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046472

FILED  
Apr 28, 2007  
Secretary of State

**Entity Name:** PRO-DEMO, DEVELOPMENT & CONSTRUCTION GROUP, LLC

**Current Principal Place of Business:**

1820 HEMPEL AVE  
WINDERMERE, FL 34786

**New Principal Place of Business:**

5036 DR. PHILLIPS BLVD.  
377  
ORLANDO, FL 32819

**Current Mailing Address:**

1820 HEMPEL AVE  
WINDERMERE, FL 34786

**New Mailing Address:**

5036 DR. PHILLIPS BLVD.  
SUITE 377  
ORLANDO, FL 32819

**FEI Number:** 20-2830616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GROSMAN, NOGA  
1820 HEMPEL AVE.  
WINDERMERE, FL 34786 US

**Name and Address of New Registered Agent:**

GROSMAN, NOGA  
1820 HEMPEL AVE.  
WINDERMERE, FL 34786 US

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.

SIGNATURE:

04/28/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GROSMAN, NOGA  
Address: 1820 HEMPEL AVE  
City-St-Zip: WINDERMERE, FL 34786

Title: MGR ( ) Delete  
Name: GROSMAN, MICKEY  
Address: 1820 HEMPEL AVE  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NOGA GROSMAN

MGRM

04/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date