2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000053600

1. Entity Name



FILED Mar 02, 2006 8:00 am Secretary of State 03-02-2006 90135 025 ****50.00

Mailing Address State St	PROFES:	SIONAL BUSINESS SOLUT	TIONS, LLC					
Suite, Apt. F. etc. Suite, Apt. F. etc. City & State Ci	8317 MISTY	WOOD COURT	8317 MISTY WOOD COU	IRT	- 1 NEADHAN AN ADNOL ANN ADNA DENN ADNA BURNI BRAN ANN ANN ANN EAN EAN ANN ANN ANN EAN EA			
City & State Country Country Country Country Country S. Certificate of Status Desired S. Status Desired S. State Address of New Registered Agent Name ICARD, MERRRILL, ET AL ATTH. F. THOMAS HOPKINS 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237 City City City FL Zip Code 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 FILING FCC is \$5.00 Agents, loose private draw of importance agent and the in application. Make chack payable to Florida Department of State Provided The Addition Make Street Moress City 5-129 THE NAME	2. Principal P	ace of Business	3. Mailing Address					
Country Zip Country Zip Country S. Certificate of Status Desired S. S. 00 Additional Fee Required S. Street Address of New Registrated Agent Addition Additio	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	··	02052006 Chg-LLC CR2E083 (11/05)			
S. Certificate of Status United 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 7. Name and Address of New Registered Agent Name ATTN: F. THOMAS HOPKINS 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237 City City FL Zip Code Cit	City & State	9	City & State		4. FEI Number Applied For 30 - 2923889 Not Applicable			
Name	Zip	Country	Zip	Country				
Screet Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code FL Attention to both, in the State of Florida. I am familiar with, and accept the object of the object		5000U		Name	- -			
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Filling Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of Status Statu	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							
Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of Status Status	CICNATION							
SITURE ADDRESS CITY-ST-ZP TITLE NAME STREET ADDR	<u> </u>		and title if applicable. (NOTE	: Registered Agent signature requi	ired when reinstating) DATE			
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Thereby certify that the information supplied with this limit does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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: Stowl See EDWARD E. ANSBL	2/28/06	(941) 894-0919
SIGNATIONE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #