2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# L05000071059

Entity Name: PROFESSIONAL MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

109 W. COMMERCIAL STREET
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

109 W. COMMERCIAL STREET
SANFORD, FL 32771

New Mailing Address:

FEI Number: 84-1688267 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, STUART W
277 MEADOW BEAUTY TERRACE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JONES, STUART W
Address: 277 MEADOW BEAUTY TERRACE
City-St-Zip: SANFORD, FL 32771

Title: MGR ( ) Delete
Name: VAUGHAN, RICHARD R
Address: 5900 S SYLVAN LAKE DR
City-St-Zip: SANFORD, FL 32771

Title: MGR ( ) Delete
Name: JONES, HILARY P
Address: 277 MEADOW BEAUTY TERR
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: VAUGHAN, RICHARD R
Address: 5900 S SYLVAN LAKE DR
City-St-Zip: SANFORD, FL 32771

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STUART W. JONES MGRM 04/19/2007

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