

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071059

FILED  
Apr 29, 2008  
Secretary of State

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: MGRM ( ) 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: ( ) 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: STUART W. JONES

MGRM

04/29/2008

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