


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90036 030 ***150.00

DOCUMENT # L05000100936					
1. Entity Name PROMOBLDG, LLC					
Principal Place of Business 1310 GULF BOULEVARD, #15E CLEARWATER, FL 33767			Mailing Address 1310 GULF BOULEVARD, #15E CLEARWATER, FL 33767		
2. Principal Place of Business 282 CRYSTAL GROVE BLVD.		3. Mailing Address 18235 CLEAR LAKE DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LUTZ FL		City & State LUTZ FL		4. FEI Number 27-0131766	
Zip 33548		Country HILLS.		Zip 33548	
Country HILLS.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HOWARDS, ROBERT 1310 GULF BOULEVARD, #15E CLEARWATER, FL 33767			7. Name and Address of New Registered Agent 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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINSTOCK, RONALD 1310 GULF BOULEVARD, #15E CLEARWATER, FL 33767	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWARDS, ROBERT 1310 GULF BOULEVARD, #15E CLEARWATER, FL 33767	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 606, Florida Statutes.					
SIGNATURE: <u>Robert Howards</u> ROBERT HOWARDS 4-18-06 813-242-7565					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					