


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90033 049 ****55.00

DOCUMENT # L05000113080	
1. Entity Name PROACT LLC	

Principal Place of Business 14140 S.E. U.S. HWY. 441, #29 SUMMERFIELD, FL 34491-3455	Mailing Address P.O. BOX 1819 MOUNT DORA, FL 32756
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20030102

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01252006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3903790	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
NEAL X TERRY X XX 608 WEST MAGNOLIA STREET X LEEBSBURG FL 34748 X	

7. Name and Address of New Registered Agent	
Name RICHARD D. HUSS	
Street Address (P.O. Box Number is Not Acceptable) 1459 OVERLOOK DRIVE	
City MT DORA	FL Zip Code 32757

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 *Richard D. Huss* **RICHARD D. HUSS** 4/11/06
Signature, typed or printed name of registered agent and title if applicable. (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENNINGER, MARILYN S P.O. BOX 1819 MOUNT DORA, FL 32756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 608, Florida Statutes.

SIGNATURE: *Marilyn S. Henninger* **MARILYN S. HENNINGER** 4/11/06 (352) 383-2946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #