

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90203 040 ****50.00

DOCUMENT # L06000004599					
1. Entity Name MANAGE/PRO. LLC					
Principal Place of Business 2920 ALTERNATE 19 N, #130 DUNEDIN, FL 34698			Mailing Address P.O. BOX 583 OZONA, FL 34660		
2. Principal Place of Business - No P.O. Box # 29259 US 19 N.		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Clearwater, FL		City & State		4. FEI Number 34-2191011	
Zip 33761		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUBBARD, MARY ANN 2920 ALTERNATE 19 N, #130 DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2920 Alternate 19 N, Lot 114 City Dunedin FL Zip Code 34698		
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 <u>Mary Ann Hubbard</u> 3-17-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUBBARD, MARY ANN 2920 ALTERNATE 19 N, #130 DUNEDIN, FL 34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR HUBBARD, MARY ANN 2920 ALTERNATE 19 N, #114 Dunedin, FL 34698			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Mary Ann Hubbard</u> 3-17-07 (727) 492-7352 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					