

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L06000004599

1. Entity Name  
MANAGE/PRO, LLC



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

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

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

Zip

*33761*

Country

*Pinellas*

Zip

Country

03172007 Chg-LLC CR2E083 (12/06)

4. FEI Number

*54-2191011*

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUBBARD, MARY ANN  
2920 ALTERNATE 19 N, #130  
DUNEDIN, FL 34698

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

*Mary Ann Hubbard*

*3-1707*

Filing Fee is \$50.00  
Due by May 1, 2007

(NOTE: Registered Agent signature required when restating)

Make check payable to  
Florida Department of State

DATE

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

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*MGR  
HUBBARD, MARY ANN  
2920 ALTERNATE 19 N, #114  
Dunedin, FL 34698*

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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Change  Addition

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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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: *Mary Ann Hubbard 3-1707 (727) 492-7352*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #