
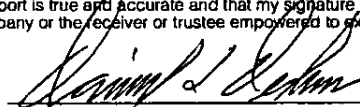


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90349 049 *****50.00

DOCUMENT # L06000028522					
1. Entity Name DECKER PROFESSIONAL SERVICES LLC					
Principal Place of Business 3952 CATTAIL POND DR. JACKSONVILLE, FL 32224			Mailing Address 3952 CATTAIL POND DR. JACKSONVILLE, FL 32224		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip	Country	Zip	Country	04302007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DECKER, GLORIA C 3952 CATTAIL POND DR. JACKSONVILLE, FL 32224				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. This 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 re-registering) DATE _____					
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	MGRM DECKER, DANIEL L 3952 CATTAIL POND DR. JACKSONVILLE, FL 32224			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DECKER, GLORIA C 3952 CATTAIL POND DR. JACKSONVILLE, FL 32224			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change Addition	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	
				Daytime Phone #	