
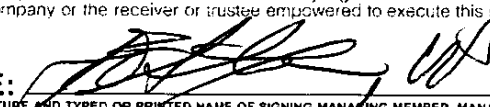


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90116 048 ***138.75

DOCUMENT # L06000032253					
1. Entity Name PROFESSIONAL PROPERTY MANAGEMENT SERVICES LLC					
Principal Place of Business 8181 NW 154 ST STE 270 MIAMI LAKES FL 33016			Mailing Address 8181 NW 154 ST STE 270 MIAMI LAKES FL 33016		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-0138588 APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SANTAMARIA, CRISTINA T 8501 N.W. 172 STREET MIAMI LAKES FL 33015				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 registering) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS					
TITLE	PRES	<input type="checkbox"/> Delete			
NAME	SANTAMARIA, CRISTINA				
STREET ADDRESS	8181 NW 154 ST STE 270				
CITY-ST-ZIP	MIAMI LAKES FL 33016				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	SANTAMARIA, JOHN F				
STREET ADDRESS	8181 NW 154 ST STE 270				
CITY-ST-ZIP	MIAMI LAKES FL 33016				
TITLE	MGR	<input type="checkbox"/> Delete			
NAME	PEREZ, SOPHIA E				
STREET ADDRESS	8181 NW 154 ST STE 270				
CITY-ST-ZIP	MIAMI LAKES FL 33016				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  4/1/08 305-722-1921					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					