

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-13-2007 90034 011 ****55.00

DOCUMENT # L06000062063

1. Entity Name
PROFESSIONAL PROPERTY ACQUIRERS, LLC



Principal Place of Business
**2202 STATE AVE., SUITE 201
PANAMA CITY, FL 32405**

Mailing Address
**2202 STATE AVE., SUITE 201
PANAMA CITY, FL 32405**

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

01102007 Chg-LLC CR2E083 (12/06)

4. FEL Number

20-5194870

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

**ELZAWAHRY, KAMEL DR.
2202 STATE AVE., SUITE 201
PANAMA CITY, FL 32405**

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

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete

NAME
ELZAWAHRY, KAMEL DR.
STREET ADDRESS
2202 STATE AVE., SUITE 201
CITY - ST - ZIP
PANAMA CITY, FL 32405

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete

NAME
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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 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 606, Florida Statutes.

SIGNATURE: *[Signature]*

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

4/11/07 850 7630158

Date

Daytime Phone #