


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 16, 2008 8:00 am**  
**Secretary of State**

07-16-2008 90021 004 \*\*\*138.75

<b>DOCUMENT # L06000079690</b>	
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1. Entity Name  
**PROFESSIONAL DEBT CONSULTANTS LLC**

Principal Place of Business <b>280 MULBERRY ST. #5F NEW YORK, NY 10012 US</b>	Mailing Address <b>280 MULBERRY ST. #5F NEW YORK, NY 10012 US</b>
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07112008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box # <b>2729 Anzio Ct.</b>	3. Mailing Address <b>2729 Anzio Ct.</b>
Suite, Apt. #, etc. <b>204</b>	Suite, Apt. #, etc. <b>204</b>
City & State <b>Palm Beach Gardens, FL</b>	City & State <b>Palm Beach Gardens, FL</b>
Zip <b>33410</b>	Country <b>USA</b>
Zip <b>33410</b>	Country <b>USA</b>

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>HOBART, PATRICK F III 401 SOUTH SEAS DR. #406 JUPITER, FL 33477</b>	
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7. Name and Address of New Registered Agent Name <b>Patrick F. Hobart III</b> Street Address (P.O. Box Number is Not Acceptable) <b>175 Galicia Way # 203</b> City <b>Jupiter</b> FL Zip Code <b>33458</b>	
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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  DATE **7/12/08**

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOBART, PATRICK F III 280 MULBERRY ST. #5F NEW YORK, FL 10012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>175 Galicia Way # 203 Jupiter, FL 33458</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIVIRGILIO, PHILIP J 280 MULBERRY ST. #5F NEW YORK, FL 10012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2729 Anzio Ct. # 204 Palm Beach Gardens, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  **Philip DiVirgilio** **7/12/08** **561-531-4226**

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

Date

Daytime Phone #