

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085857

FILED
Feb 02, 2008
Secretary of State

Entity Name: PROFESSIONAL DEVELOPERS LLC

Current Principal Place of Business:

4 LOST SPRING WAY
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

19 SOUTHERN TRACE BLVD.
ORMOND BEACH, FL 32174 US

Current Mailing Address:

4 LOST SPRING WAY
ORMOND BEACH, FL 32174 US

New Mailing Address:

19 SOUTHERN TRACE BLVD.
ORMOND BEACH, FL 32174 US

FEI Number: 20-5468363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUMBERT, WILLIAM
4 LOST SPRING WAY
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUN COAST BUILDERS I, NC. OF VOLUSIA
Address: 19 SOUTHERN TRACE BOULEVARD
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM () Delete
Name: HUMBERT BUILDERS INC, .
Address: 4 LOST SPRING WAY
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CAROLYN S. ALLEN

MGRM

02/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date