
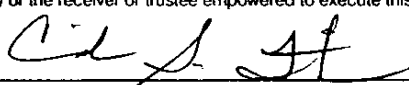


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90372 003 \*\*\*\*50.00

<b>DOCUMENT # L06000088539</b> 1. Entity Name <b>PRF CONSULTING, LLC</b>					
Principal Place of Business <b>910 E KINGSFIELD ROAD CANTONMENT, FL 32533</b>			Mailing Address <b>910 E KINGSFIELD ROAD CANTONMENT, FL 32533</b>		
2. Principal Place of Business - No P.O. Box # <b>612 Orby St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>612 Orby St.</b> Suite, Apt. #, etc.			
City & State <b>Pensacola, FL</b>		City & State <b>Pensacola, FL</b>		4. FEI Number <b>14-1976434</b>	
Zip <b>32534</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FIVEASH, CINDA S 910 E KINGSFIELD ROAD CANTONMENT, FL 32533</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>612 Orby St.</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32534</b>		
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 resigning) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM FIVEASH, PHILLIP R 910 E KINGSFIELD ROAD CANTONMENT, FL 32533</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>612 Orby St. Pensacola, FL 32534</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM FIVEASH, CINDA S 910 E KINGSFIELD ROAD CANTONMENT, FL 32533</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>612 Orby St. Pensacola, FL 32534</b> <input checked="" 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	
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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.					
<b>SIGNATURE:</b> 			<b>4-30-07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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04152007 Chg-LLC CR2E083 (12/06)