

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082581

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** PRO BUILDERS GROUP, L.L.C.

**Current Principal Place of Business:**

2140 CAESAR WAY SOUTH  
ST. PETERSBURG, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

2140 CAESAR WAY SOUTH  
ST. PETERSBURG, FL 33712

**New Mailing Address:**

FEI Number: 26-0702231      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

E-CONSULTING, INC.  
16300 NE 19 AVENUE  
SUITE 215  
N MIAMI BEACH, FL FL US

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: DELANCY, OTEMAN C  
Address: 2140 CAESAR WAY SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: MGRM ( ) Delete  
Name: WILSON, YANCY  
Address: 2301 WEST HARBOR DRIVE  
City-St-Zip: ST. PETERSBURG, FL 33705

**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: MICHAEL LAWRENCE

RA

05/01/2008

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