2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2009
Secretary of State

DOCUMENT# L07000100991

Entity Name: SZEN PROFESSIONAL GROUP, LLC

Current Principal Place of Business:

505 MARGARET COURT
SUITE #1
ORLANDO, FL 32801 US

New Principal Place of Business:

368 W EAGLE AVE
EAGLE LAKE, FL 33839 US

Current Mailing Address:

324 S COURTLAND AVE
BARTOW, FL 33830 US

New Mailing Address:

PO BOX 250
EAGLE LAKE, FL 33839 US

FEI Number: 26-1178184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SZROT, ROBERT B
324 S COURTLAND AVE
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

SZROT, ROBERT B
368 W EAGLE AVE
EAGLE LAKE, FL 33839 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: _____ 02/22/2009

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SZROT, ROBERT B
Address: 324 S COURTLAND AVE
City-St-Zip: BARTOW, FL 33830 US

Title: MGRM ( ) Delete
Name: ESCRIBANO, PATRICIA
Address: 324 S COURTLAND AVE
City-St-Zip: BARTOW, FL 33830 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SZROT, ROBERT B
Address: 368 W EAGLE AVE
City-St-Zip: EAGLE LAKE, FL 33839 US

Title: MGRM (X) Change ( ) Addition
Name: ESCRIBANO, PATRICIA
Address: 368 W EAGLE AVE
City-St-Zip: EAGLE LAKE, FL 33839 US

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: ROBERT B. SZROT MGRM 02/22/2009

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