

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078430

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: FORECLOSURE PROS NETWORK LLC

**Current Principal Place of Business:**

5777 N.W. CLEBURN DRIVE  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

5777 N.W. CLEBURN DRIVE  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

FEI Number: 38-3789000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: MGR ( ) Delete  
Name: RYAN, DAN  
Address: 5777 N.W. CLEBURN DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGR ( ) Delete  
Name: RYAN, MEG  
Address: 5777 N.W. CLEBURN DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: S ( ) Delete  
Name: RYAN, MEG  
Address: 5777 N.W. CLEBURN DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34986

**ADDITIONS/CHANGES:**

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

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: DAN RYAN

MGR

04/28/2009

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