## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 13, 2005 8:00 am Secretary of State

DOCUMENT # L99000003614  1. Entity Name PRO ACTIVE TECH, L.C.									04-13-2005	90221	007 ****50	).00
Principal Place of Business  1415 TIMBERLANE ROAD, SUITE 217 TALLAHASSEE, FL 32312  Mailing Address 1415 TIMBER TALLAHASSEE, FL 32312  TALLAHASSEE			LANE ROAD, SUITE 217					SAA	ភូនប	<b>§</b> ≒.r		
												<b>11</b> 11 11 11 11
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #,	etc.				04112005	Chg-LLC	CR2E	(083 (10/03)	
City & State			City & State			4. FEI Number 59-3598						plied For t Applicable
Zip	Country		Zip		Coun	try		5. Certificate	of Status Desired	. 🗆	\$5.00 Add Fee Required	
	6. Name and Address of	of Current R	egistered Agent	İ					Address of New R	egistered	l Agent	
14(1) 14(1)(0.0	N 25N 12					Name C	2Ra	NA, Wi	LIIAM D			
WILKINSON, BEN JR. 217 JOHN KNOX ROAD TALLAHASSEE, FL 32303									er is Not Acceptable	) D 57	E 217	
						City 77	ALLA	H4SSEE	<u> </u>	F	Zip Code	2, 2
	named entity submits this st	atement for t	he purpose of ch	anging its re	egistere	ed office or	register	ed agent, or bot	h, in the State of Flo	orida. I an	<u> </u>	
the obligated signatures	ions of registered assent.	) 		<del> </del>				MGRM	4	-1/-	5 ه	
	Signature, typed or printed name of reg	Aisteian aAailt aiv	u ute ii applicacie.	(14012.	i schiptei o	u Agent signatu	ne redoiled	when reinstating)		DATE		
	iling Fee is \$50.00 ue by May 1, 2005										payable to ment of State	
	ue by May 1, 2005	NG MEMBER	S/MANAGERS		10.				Florida	Departi	ment of State	•
. D	ue by May 1, 2005	NG MEMBER	S/MANAGERS	Pelete	10.		PRE	SIDENT !	ADDITIONS	CHANGE	S Change	☐ Addition
9. TITLE NAME	MANAGIN MGR WILKINSON, BEN JR			Pelete	TITLE		PRE CRO	SIDENT, WA, WI	ADDITIONS	CHANGE	S Change	☐ Addition
9. TITLE NAME STREET ADDRESS	MANAGIN MGR WILKINSON, BEN JR 217 JOHN KNOX ROAL	D		elete	TITLE NAM STRE	E Et address	CRO 141	NA, WIT	ADDITIONS,  AND MG/ LL; AM D  ERLANE RO	CHANGE	S Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGIN MGR WILKINSON, BEN JR	D			TITLE NAM STRE	E Et address •St-Zip	CRO 141	NA, WIT	ADDITIONS	CHANGE	Change	Addition
9. TITLE NAME STREET ADDRESS	MANAGIN MGR WILKINSON, BEN JR 217 JOHN KNOX ROAL	D			TITLE NAM STRE CITY	ET ADDRESS -ST-ZIP	CRO 141	NA, WIT	ADDITIONS,  AND MG/ LL; AM D  ERLANE RO	CHANGE	S Change	☐ Addition
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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 expowered to execute this report as required by Chapter 608, Florida Statutes.

PRESIDENT AND MERM SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE