2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000009267

FILED Jan 10, 2005 8:00 am Secretary of State

01-10-2005 90052 005 ****55.00

1. Entity Name PRO-CON		CES, LLC									
Principal Place of Business 13306 WINDING OAK CT. TAMPA, FL 33612			Mailing Address 13306 WINDING OAK CT. TAMPA, FL 33612				2000643				
2. Principal Place of Business			3. Mailing Address			\dashv					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01032005	Chg-LLC	CR2E	083 (10/03)	
City & State			City & State				4. FEI Number Applied For 59-3614926 Not Applicable				
Zip			Zip	Country		- ,		of Status Desired		\$5.00 Add	fitional d
6. Name and Address of Current Registered Agent					Name		7. Name and	Address of New	Kegistered	Agent	
MILLER, RUSSEL S 13306 WINDING OAK CT.				Street Address (P.O. Box Number is Not Acceptable)							
TAMPA, FI	L 33612										
				City	FL Zip Code						
	named entit ions of regist		r the purpose of changing its		ed office or re	gister	ed agent, or bot	th, in the State of	Florida. I an	n familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NOTI	E: Registered	d Agent signature :	required	when reinstating)		DATE		
Fi D	iling Fee i ue by Ma	is \$50.00 y 1, 2005		:						payable to ment of Stat	8
D	iling Fee i ue by Ma	is \$50.00 y 1, 2005 MANAGING MEMBR	RS/MANAGERS	10.				Flor		ment of State	8
D(MGRM MILLER, 6236 BRI	y 1, 2005	☐ Delete	TITLE NAMI STRE	EET ADORESS		; wes	ADDITION	ida Departi	S Change	Addition
9. TITLE NAME STREET ADDRESS	MGRM MILLER, 6236 BRI WESLEY MGRM MILLER, 6236 BRI	MANAGING MEMBE RUSSEL S DLEFORD DR. SOUTH	☐ Delete	TITLE NAMI STRE CITY TITLE NAM STRE	EET ADDRESS -ST-ZIP E	<u>fal</u>	atka	ADDITION	IS/CHANGE Pda 2177	Change	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM MILLER, 6236 BRI WESLEY MGRM MILLER, 6236 BRI WESLEY MGRM MITHCEL 19511 W	MANAGING MEMBER RUSSEL S DLEFORD DR. SOUTH CHAPEL, FL 33544 SUSAN C DLEFORD DR. SOUTH	☐ Delete	TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAMM STRE	E EET ADDRESS EET EET EET EET EET EET EET EET EET	<u>fal</u>	atka	ADDITION + River	IS/CHANGE Pda 2177	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MGRM MILLER, 6236 BRI WESLEY MGRM MILLER, 6236 BRI WESLEY MGRM MITHCEL 19511 W	MANAGING MEMBERUSSEL S DLEFORD DR. SOUTH CHAPEL, FL. 33544 SUSAN C DLEFORD DR. SOUTH CHAPEL, FL. 33544 L, JOSEPH B YNDMILL CIRCLE	☐ Delete ☐ Ociete	TITLE NAMI STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	EET ADDRESS ST-ZIP EET ADDRESS ST-ZIP EET ADDRESS ST-ZIP EET ADDRESS ST-ZIP EET ADDRESS	<u>fal</u>	atka	ADDITION + River	IS/CHANGE Pda 2177	S Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MGRM MILLER, 6236 BRI WESLEY MGRM MILLER, 6236 BRI WESLEY MGRM MITHCEL 19511 W	MANAGING MEMBERUSSEL S DLEFORD DR. SOUTH CHAPEL, FL. 33544 SUSAN C DLEFORD DR. SOUTH CHAPEL, FL. 33544 L, JOSEPH B YNDMILL CIRCLE	Delete Delete Delete	TITLE NAMI STRE CITY TITLE NAM STRE CITY	E ELET ADDRESS - ST-ZIP E ELE ADDRESS - ST-ZIP	<u>fal</u>	atka	ADDITION + River	IS/CHANGE Pda 2177	Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM MILLER, 6236 BRI WESLEY MGRM MILLER, 6236 BRI WESLEY MGRM MITHCEL 19511 W	MANAGING MEMBERUSSEL S DLEFORD DR. SOUTH CHAPEL, FL. 33544 SUSAN C DLEFORD DR. SOUTH CHAPEL, FL. 33544 L, JOSEPH B YNDMILL CIRCLE	Delete Delete Delete Delete	TITLE NAMI STRE CITY TITLE NAM STRE CITY	EET ADDRESS -ST-ZIP EET ADDRESS	<u>fal</u>	atka	ADDITION + River	IS/CHANGE Pda 2177	Change Change Change	Addition Addition Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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: SUSAN C. MULLI SUSAN C. MILLER SUSAN C. MILLER 1/6/05 813-931-100/