

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000854

FILED
Mar 10, 2008
Secretary of State

Entity Name: PROFESSIONAL ACCOUNT MANAGEMENT, LLC

Current Principal Place of Business:

633 WEST WISCONSIN AVENUE, SUITE 1600
MILWAUKEE, WI 53203

New Principal Place of Business:

Current Mailing Address:

633 WEST WISCONSIN AVENUE, SUITE 1600
MILWAUKEE, WI 53203

New Mailing Address:

FEI Number: 39-1956409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: SMITH, GARY
Address: 633 WEST WISCONSIN AVENUE, SUITE 1600
City-St-Zip: MILWAUKEE, WI 53203

Title: MGR () Delete
Name: TONN, DARYL
Address: 633 WEST WISCONSIN AVENUE, SUITE 1600
City-St-Zip: MILWAUKEE, WI 53203

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: DUNN, BRIAN
Address: 633 WEST WISCONSIN AVENUE, SUITE 1600
City-St-Zip: MILWAUKEE, WI 53203

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: DARYL R. TONN

MGR

03/10/2008

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