

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002372

FILED
Apr 28, 2004
Secretary of State

Entity Name: PROVEN METHODS SEMINARS, LLC

Current Principal Place of Business:

2385 EXECUTIVE CENTER DR., STE. 290
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2385 EXECUTIVE CENTER DR., STE. 290
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 36-4215049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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/MEMBERS:

Title: MGR () Delete
Name: MILLIN, IRENE
Address: 2385 EXECUTIVE CENTER DR., STE. 290
City-St-Zip: BOCA RATON, FL 33431

Title: MGR () Delete
Name: ORLANDO, MATT
Address: 803 WEST AVENUE
City-St-Zip: ROCHESTER, NY 14611

Title: MGR () Delete
Name: HOPPENFELD, PETER
Address: 32 ELM PLACE
City-St-Zip: RYE, NY

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

Title: MGRM () Change (X) Addition
Name: AMEN, GAIL
Address: 2385 EXECUTIVE CENTER DR., STE. 290
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GAIL AMEN

MGR

04/28/2004

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