2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# M04000000587

Entity Name: PROLINK/PARVIEW, LLC

Current Principal Place of Business:

7970 S KYRENE RD
TEMPE, AZ 85284

New Principal Place of Business:

Current Mailing Address:

7970 S KYRENE RD
TEMPE, AZ 85284

New Mailing Address:

FEI Number: 20-0588756 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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/MEMBERS:

Title:	MGR	( ) Delete
Name:	MELZER, LESLIE	
Address:	7970 S KYRENE RD	
City-St-Zip:	TEMPE, AZ 85284	
Title:	MGR	( ) Delete
Name:	FUGAZY, WILLIAM	
Address:	7970 S KYRENE RD	
City-St-Zip:	TEMPE, AZ 85284	
Title:	MGR	( ) Delete
Name:	RIDGELY, H.M.	
Address:	7970 S KYRENE RD	
City-St-Zip:	TEMPE, AZ 85284	
Title:	MGR	( ) Delete
Name:	EDELSON, STEVEN	
Address:	7970 S KYRENE RD	
City-St-Zip:	TEMPE, AZ 85284	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	FISHER, STEVE	
Address:	7970 S KYRENE RD	
City-St-Zip:	TEMPE, AZ 85284	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: MARGARET M. SLEEPER CFO 04/27/2005

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