

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90088 012 ***138.75

DOCUMENT # M05000004078 1. Entity Name PRO-LINE BUILDERS, L.L.C.			
Principal Place of Business 2863 EXECUTIVE PARK DR., STE. 103 WESTON, FL 33331		Mailing Address 2863 EXECUTIVE PARK DR., STE. 103 WESTON, FL 33331	
2. Principal Place of Business - No P.O. Box # 764 Anclote Road Suite, Apt. #, etc. Suite D City & State Tarpon Springs, FL Zip 34689		3. Mailing Address P.O. Box 1078 Suite, Apt. #, etc. City & State Palm Harbor, FL Zip 34682	
6. Name and Address of Current Registered Agent IZQUIERDO, PEDRO 2863 EXECUTIVE PARK DR., STE. 103 WESTON, FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 764 Anclote Rd Suite D City Tarpon Springs FL Zip Code 34689	
4. FEI Number 74-3148453			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRO-LINE BUILDERS MANAGEMENT, INC. 2863 EXECUTIVE PARK DR., STE. 103 WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	764 Anclote Rd. Suite D Tarpon Springs, FL 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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: _____		Date 2-5-08 Daytime Phone # 727-944-2402	