2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007
Secretary of State

DOCUMENT# M06000000814

Entity Name: PROVEST LLC

Current Principal Place of Business:

191 N. WACKER DRIVE, SUITE 800
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

191 N. WACKER DRIVE, SUITE 800
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 20-4268980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: PCEO ( ) Delete
Name: STRADY, SCOTT L
Address: 202 SOUTH ROME AVE., SUITE 150
City-St-Zip: TAMPA, FL 33606

Title: PCOO ( ) Delete
Name: GARRETT, WILLIAM E
Address: 7793 BURNET ROAD, SUITE 67
City-St-Zip: AUSTIN, TX 33606

Title: V ( ) Delete
Name: DISSER, MILTON
Address: 202 SOUTH ROME AVE., SUITE 150
City-St-Zip: TAMPA, FL 33606

Title: V ( ) Delete
Name: HEATH, NEIL
Address: 202 SOUTH ROME AVE., SUITE 150
City-St-Zip: TAMPA, FL 33606

Title: V ( ) Delete
Name: DANIELS, C. BRYAN
Address: 191 N. WACKER DRIVE, SUITE 800
City-St-Zip: CHICAGO, IL 60606

Title: D ( ) Delete
Name: KILLACKEY, CHRISTOPHER
Address: 191 N. WACKER DRIVE, SUITE 800
City-St-Zip: CHICAGO, IL 60606

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

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

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

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: JAMES L. GONNERING CONT 05/08/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date