

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000814

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: PROVEST LLC

**Current Principal Place of Business:**

4520 SEEDLING CIRCLE  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

4520 SEEDLING CIRCLE  
TAMPA, FL 33614 US

**New Mailing Address:**

FEI Number: 20-4268980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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: MGR ( ) Delete  
Name: STRADY, SCOTT L  
Address: 4520 SEEDLING CIRCLE  
City-St-Zip: TAMPA, FL 33614 US

Title: MGR ( ) Delete  
Name: STEANS, HARRISON I  
Address: 405 N. WABASH AVE., SUITE P2 EAST  
City-St-Zip: CHICAGO, IL 60611 US

Title: MGR ( ) Delete  
Name: STEANS, JENNIFER W  
Address: 405 N. WASBASH AVE., SUITE P2 EAST  
City-St-Zip: CHICAGO, IL 60611 US

Title: MGR ( ) Delete  
Name: HOOTEN, KENNETH D  
Address: 50 E. WASHINGTON ST., SUITE 400  
City-St-Zip: CHICAGO, IL 60602 US

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

Title: MGR ( ) Delete  
Name: KILLACKEY, CHRISTOPHER T  
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: MGR (X) Change ( ) Addition  
Name: HOOTEN, KENNETH D  
Address: 50 E. WASHINGTON ST., SUITE 400  
City-St-Zip: CHICAGO, IL 60602 US

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: SCOTT L. STRADY

MGR

01/27/2009

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