

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001498

FILED  
Mar 25, 2008  
Secretary of State

**Entity Name:** COMPREHENSIVE PROFESSIONAL RESOURCES INTERNATIONAL, LLC

**Current Principal Place of Business:**

113 NATURE WALK PARKWAY, SUITE 102  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

20 PORTO MAR  
UNIT 702  
PALM COAST, FL 32137

**New Mailing Address:**

**FEI Number:** 06-1685982

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KANE, KEVIN A  
ONE INDEPENDENT DRIVE  
SUITE 3131  
JACKSONVILLE, FL 32202 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: MGRM ( ) Delete  
Name: MEAGHER, BOB  
Address: 20 PORTO MAR  
City-St-Zip: UNIT 702, FL 32137

Title: MGRM ( ) Delete  
Name: MEAGHER, SUE  
Address: 20 PORTO MAR UNIT 702  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MEAGHER, ROBERT J  
Address: 20 PORTO MAR  
City-St-Zip: UNIT 702, FL 32137

Title: MGRM (X) Change ( ) Addition  
Name: MEAGHER, SUSAN  
Address: 20 PORTO MAR UNIT 702  
City-St-Zip: PALM COAST, FL 32137

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: SUSAN MEAGHER

MNGR

03/25/2008

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