

FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 MAR -6 PM 1:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address
of Limited Liability Company
DOCUMENT # M96000000139
**PRO-2-SERVE PROFESSIONAL PROJECT SERVICES,
LLC**
10294 OSPREY TRACE
WEST PALM BEACH FL 33412

1a. Principal Place of Business Address

2301 CLIPPER LANE
KNOXVILLE TN 37922

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

| | | | | | |
|--------------------------------|--|---------------------|--|--------------------------------|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | 3a. State of Formation |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04/25/1996 | TN |
| City & State | | City & State | | 4. FEI Number | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip | | Country | | 62-1627020 | |
| | | | | 5. Date of Last Report | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> |

7. Name and Address of Current Registered Agent

SABOURIN, THOMAS D DR.
10294 OSPREY TRACE
WEST PALM BEACH FL 33412

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------------------|---------------------------|-------------------------|---|
| MOR MEM | SABOURIN, THOMAS D | 10294 OSPREY TRACE | WEST PALM BEACH FL 33412 |
| | | | 200002107172--3 -03/07/97--01047--009 ****203.75 ****203.75 |
| | | | 3/2/97 561-691-3662 |

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Thomas D. Sabourin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #