

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031760

FILED  
Aug 13, 2007  
Secretary of State

Entity Name: TECHNI-PRO INSTITUTE L.L.C.

**Current Principal Place of Business:**

2206 WEST ATLANTIC AVE.  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

2206 WEST ATLANTIC AVE.  
DELRAY BEACH, FL 33445

**New Mailing Address:**

FEI Number: 20-4603907      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:**

HYPPOLITE, GILBERT  
3633 S. FEDERAL HIGHWAY  
BOYNTON BEACH, FL 33435      US

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

HYPPOLITE, GILBERT  
2206 W ATLANTIC AVE  
DELRAY BEACH, FL 33445      US

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: GILBERT HYPPOLITE

08/13/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: HYPPOLITE, GILBERT  
Address: 111 CHATHAM COURT  
City-St-Zip: BOYNTON BEACH, FL 33436

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: HYPPOLITE, GILBERT  
Address: 382 E CORAL TRACE CIR  
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM      ( ) Change      (X) Addition  
Name: HYPPOLITE, MARIE  
Address: 382 E CORAL TRACE CIR  
City-St-Zip: DELRAY BEACH, FL 33445

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: GILBERT HYPPOLITE

MGRM

08/13/2007

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