2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 11, 2007 8:00 am Secretary of State

Moling Accesses 4305 PABLO DAKS ODIRT PO SON 15409 PO SON	1. Entity Nam	MENT # M00000000 PRS, L.L.C.	149				04-11-2007 9	0157 004 ***	** 5 0.0)()
Suite, ApJ. #, etc.	4306 PABLO	OAKS COURT	PO BOX 16469	245-646			111 88 111 88 116 88 114 88 124 88	21 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 		ne r tar 1882
City & State City & State City & State City & State Special Speci	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
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Country Cou	City & State		City & State			II .				
Name and Address of Current Registered Agent Name Na	Zip	Country Zip Co		Country	у				\$5.00 Additional	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 City FL Zip Code City FL Zip		6. Name and Address of Current F	Registered Agent	'	_	7. Name at	d Address of New R			<u>-</u>
Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code Make Chack payable to Plotted agent with and accept with a part agent		T		•	Name					
ESTON, FL 33331 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE THIS SUBMIT 2007 MANAGING MEMBERS / MANAGERS 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES TOMM, CHARLIE C 4306 PABLO OAKS CT STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P ACKSONVILLE, FL 32224 Delete THE NAME STREET ADDRESS CITY-ST-2P THE NAME STREET ADDRESS CITY-ST-2P THE NAME STREET ADDRESS CITY-ST-2P Delete THE NAME STREET ADDRESS CITY-ST-2P THE THE THE THE THE THE THE TH	2731 EXE		Street Address		idress (P.O. Box Num	(P.O. Box Number is Not Acceptable)				
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In ereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. Florida Statutes in further certify that the information indicated on this 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.

SNATURE: WWW. LIVING HAND OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3,28.07

904 992-4110

Daytime Phone #