

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000005735

1. Entity Name  
KISSIMMEE OAKS, L.L.C.



Principal Place of Business  
12773 W FOREST HILL BLVD  
1211  
WELLINGTON, FL 33414

Mailing Address  
12773 W FOREST HILL BLVD  
1211  
WELLINGTON, FL 33414



01302006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1018531

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRESCOTT, WARREN L  
51 RIVER DRIVE  
TEQUESTA, FL 33469

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
PRESCOTT, WARREN L  
51 RIVER DRIVE  
TEQUESTA, FL 33469

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
PRESCOTT, LOWRDES M  
51 RIVER DRIVE  
TEQUESTA, FL 33469

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
PRESCOTT, JESSICA L  
51 RIVER DRIVE  
TEQUESTA, FL 33469

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
PRESCOTT, JESSICA L  
51 RIVER DRIVE  
TEQUESTA, FL 33469

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000520521  
05/02/06-80038-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #