


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90220 049 ****50.00

DOCUMENT # L00000011997 1. Entity Name PRESCO ASSOCIATES, L.L.C.					
Principal Place of Business 232 MOHAWK ROAD CLERMONT FL 34711			Mailing Address 232 MOHAWK ROAD CLERMONT FL 34711		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHAKAR, ROBERT M 232 MOHAWK ROAD CLERMONT FL 34711			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZAGAME, JOSEPH E SR 230 MOHAWK ROAD CLERMONT FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAKAR, ROBERT M 232 MOHAWK RD CLERMONT FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I 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 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: Robert M. Shakr, Mgr. *Robert M. Shakr* 3/29/04 352-242-0073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #