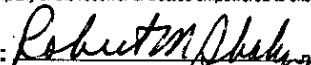


FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90179 008 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000011997			
1. Entry Name PRESCO ASSOCIATES, L.L.C.			
Principal Place of Business 230 MOHAWK ROAD CLERMONT, FL 34711		Mailing Address 230 MOHAWK ROAD CLERMONT, FL 34711	
2. Principal Place of Business 232 MOHAWK RD.		3. Mailing Address 232 MOHAWK RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CLERMONT, FL		City & State CLERMONT, FL	
Zip 34711	Country U.S.	Zip 34711	
		Country U.S.	
4. FEI Number 59-3675512		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SHAKAR, ROBERT M 230 MOHAWK ROAD CLERMONT, FL 34711		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 232 MOHAWK RD. City CLERMONT FL Zip Code 34711	
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  Robert M. Shakar DATE 4/17/03 Signature, typed or printed name of registered agent and sole if applicable. (NOTE: Registered Agent's signature required when registering)			
FILE NOW! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAKAR, ROBERT M 230 MOHAWK ROAD CLERMONT, FL 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 232 MOHAWK RD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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. Shakar		DATE: 4/17/03	Daytime Phone #: 352-242-0073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

CR2E083 (10/02)