

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002593

FILED
May 16, 2006
Secretary of State

Entity Name: PRISAN INVESTMENTS, LLC.

Current Principal Place of Business:

2900 GLADES CIRCLE, SUITE 475
WESTON, FL 33327

New Principal Place of Business:

1290 WESTON RD. SUITE# 306
WESTON, FL 33326

Current Mailing Address:

2900 GLADES CIRCLE, SUITE 475
WESTON, FL 33327

New Mailing Address:

1290 WESTON RD. SUITE# 306
WESTON, FL 33326

FEI Number: 65-1075683 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:

TOVAR, ILEANA ARIAS ESQ.
1725 MAIN STREET, SUITE 205
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PRINCIPE, FLAVIO
Address: 506 STONEMONT DR.
City-St-Zip: WESTON, FL 3332

Title: MGR () Delete
Name: SANCHEZ, JONATHAN
Address: 2900 GLADES CIR. SUITE 475
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SANCHEZ, JONATHAN
Address: 1290 WESTON RD. SUITE#306
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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: JONATHAN SANCHEZ

MGR

05/16/2006

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