

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005822

Entity Name: THE PREP, LLC

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

7507 KINGSPOINTE PARKWAY
SUITE 104
ORLANDO, FL 32819

New Principal Place of Business:

7507 KINGSPOINTE PARKWAY
SUITE 104
ORLANDO, FL 32819

Current Mailing Address:

New Mailing Address:

FEI Number: 44-8629259 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKINS, GERALD B
7507 KINGSPOINTE PARKWAY
SUITE 104
ORLANDO, FL 32819 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: WILKINS, GERALD B
Address: 7507 KINGSPOINTE PKWY (STE 104)
City-St-Zip: ORLANDO, FL 32819

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILKINS, GERALD B
Address: 7507 KINGSPOINTE PKWY (SUITE 104)
City-St-Zip: ORLANDO, FL 32819

Title: MEMB () Change (X) Addition
Name: WILKINS, VITA
Address: 7507 KINGSPOINTE PKWY (SUITE 104)
City-St-Zip: ORLANDO, FL 32819

Title: MEMB () Change (X) Addition
Name: WILKINS, DAMIEN
Address: 7507 KINGSPOINTE PKWY (SUITE 104)
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify 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: GERALD B. WILKINS

MRGM

04/24/2006

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