

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90079 015 \*\*\*\*55.00

**DOCUMENT # L02000005822**

1. Entity Name

**THE PREP, LLC**



Principal Place of Business

Mailing Address

**8836 GREY HAWK POINT  
ORLANDO FL 32836**

**8836 GREY HAWK POINT  
ORLANDO FL 32836**

2. Principal Place of Business

**7507 KINGSPOINTE PARKWAY**

Suite, Apt. #, etc.

**(SUITE 104)**

City & State

**ORLANDO, FL**

Zip

**32819**

Country

**USA**

3. Mailing Address

**7507 KINGSPOINTE PARKWAY**

Suite, Apt. #, etc.

**(SUITE 104)**

City & State

**ORLANDO, FL**

Zip

**32819**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**448629259**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DAWSON, HORACE G III  
C/O AKERMAN SENTERFITT  
8836 GREY HAWK POINT  
ORLANDO FL 32836**

7. Name and Address of New Registered Agent

Name  
**Gerald B. Wilkins**

Street Address (P.O. Box Number is Not Acceptable)

**8836 GREY HAWK POINT**

City  
**Orlando**

FL

Zip Code

**32836**

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

**Gerald B. Wilkins**

**4.25.03**

(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, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>WILKINS, GERALD B</b>	
STREET ADDRESS	<b>8836 GREY HAWK POINT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<b>MGRM</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILKINS, GERALD B</b>	
STREET ADDRESS	<b>7507 KINGSPOINTE PARKWAY (SUITE 104)</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Gerald B. Wilkins 4.25.03 (407) 248-0640**

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

Date

Daytime Phone #

CR2E083 (10/02)