

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025595

FILED
Jul 10, 2008
Secretary of State

Entity Name: PRESTIGE AB MANAGEMENT CO, LLC

Current Principal Place of Business:

7228-C WESTPORT PLACE
WEST PALM BEACH, FL 33413

New Principal Place of Business:

Current Mailing Address:

100 W. BAY STREET
SUITE 700
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 01-0747816 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOOHER, DOUGLAS A
100 W. BAY STREET, SUITE 700
JACKSONVILLE, FL 32202 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: D/P () Delete
Name: MADSEN, SVEN ERIK O.
Address: 55 INDUSTRIAL STREET
City-St-Zip: TORONTO, ON M4G 3W9 CA

Title: D () Delete
Name: OLSEN, RICHARD
Address: 55 INDUSTRIAL STREET
City-St-Zip: TORONTO, ON M4G 3W9 CA

Title: D/P () Delete
Name: FRITZ, DANIEL R
Address: 100 W. BAY STREET, SUITE 700
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: LIMA, FELIPE
Address: 55 INDUSTRIAL STREET
City-St-Zip: TORONTO, ON M4C 3W9 CA

Title: AS (X) Delete
Name: BOOHER, DOUGLAS A
Address: 100 W. BAY STREET, SUITE 700
City-St-Zip: JACKSONVILLE, FL 32202

Title: S (X) Delete
Name: MALICKI, JOLANTA
Address: 55 INDUSTRIAL STREET
City-St-Zip: TORONTO, ON M4G 3W9 CA

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: WAGNER, JORGE
Address: 7228 C WESTPORT PLACE
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: CFOT (X) Change () Addition
Name: DAVIS, MICHAEL
Address: 7228 C WESTPORT PLACE
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: S (X) Change () Addition
Name: MALICKI, JOLANTA
Address: 55 INDUSTRIAL STREET
City-St-Zip: TORONTO, ON M4G 3W9 CA

Title: AS (X) Change () Addition
Name: BOOHER, DOUGLAS A
Address: 100 W. BAY STREET, SUITE 700
City-St-Zip: JACKSONVILLE, FL 32202 US

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

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

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: JOLANTA MALICKI

S

07/10/2008

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