## 2007 LIMITED LIABILITY COMPANY

## Mar 08, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT #L02000034340 03-08-2007 90278 001 \*\*\*100.00 1. Entity Name PRC INVESTORS II, LLC Principal Place of Business Mailing Address OUUTTOOD. 13777 BELCHER ROAD 13777 BELCHER ROAD LARGO, FL 33759 LARGO, FL 33759 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number City & State Applied For 42-1588579 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PIAZZA, ROSEMARY E Street Address (P.O. Box Number is Not Acceptable) 13777 BELCHER ROAD LARGO, FL 33759 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition PIAZZA, ROSEMARY E NAME NAME 13777 BELCHER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO, FL 33759 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 affect 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.

NAME

STREET ADDRESS CITY-ST-ZIP

JRE: UTSELLAND E GLINDA ROCKORLE FICEZZ SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING MANAGING MEMBET MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

<u>7-726-3310</u>

FILED