
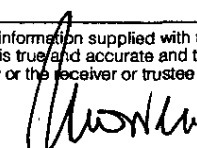


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 30, 2004 8:00 am
Secretary of State

09-30-2004 90087 006 ****50.00

DOCUMENT # L03000000791					
1. Entity Name PRESTIGE INVESTMENTS GP, LLC					
Principal Place of Business 2656 SW BEAR PAW TRAIL PALM CITY, FL 34990			Mailing Address 2656 SW BEAR PAW TRAIL PALM CITY, FL 34990		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 500 EAST WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER BRIAN C. O'NEAL 2656 SW BEAR PAW TRAIL PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER NIKI O'NEAL 2656 SW BEAR PAW TRAIL PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Change [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER RICHARD ADGATE 3704 SW BEAR PAW TRAIL PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Change [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER ARMUR MILLER 11300 BENT PINE DRIVE FT. MYERS, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Change [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Change [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Change [] Addition	
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:  NIKI O'NEAL			9/24/04		772-285-6813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #