

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000005023

1. Entity Name
 PRIETONASQUEZ PROPERTIES, L.L.C.



Principal Place of Business
 605 MEDICAL CARE DR.
 BRANDON, FL 33511

Mailing Address
 605 MEDICAL CARE DR.
 BRANDON, FL 33511



02222006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 56-2318209 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDERMOTT, MICHAEL J
 791 WEST LUMSDEN ROAD
 BRANDON, FL 33511

DO NOT WRITE IN THIS SPACE

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, 2006

000000515342
 04/29/06-80206-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
 NAME PRIETO, JOSE R
 STREET ADDRESS 605 MEDICAL CARE DR.
 CITY-ST-ZIP BRANDON, FL 33511

TITLE MGRM
 NAME BUSQUETS, ROSELYN M
 STREET ADDRESS 4922 LONDON DERRY
 CITY-ST-ZIP TAMPA, FL 33647

TITLE MGRM
 NAME VASQUEZ, JOSE E
 STREET ADDRESS 605 MEDICAL CARE DR.
 CITY-ST-ZIP BRANDON, FL 33511

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 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: _____

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

Jose R. Prieto
 JOSE R. PRIETO

FEB 24, 2006

Date

813-681-6474

Daytime Phone #