


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000005023
1. Entity Name
PRIETO/VASQUEZ PROPERTIES, L.L.C.



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

Mailing Address
605 MEDICAL CARE DR.
BRANDON, FL 33511

DO NOT WRITE IN THIS SPACE



02092007No Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2318209	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

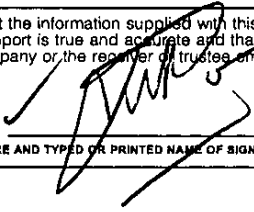
**Filing Fee is \$50.00
Due by May 1, 2007**

U00000719316
05/01/07-80058-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRIETO, JOSE R 605 MEDICAL CARE DR. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSQUETS, ROSELYN M 4922 LONDON DERRY TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VASQUEZ, JOSE E 605 MEDICAL CARE DR. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  DATE: 03/26/07 DAYTIME PHONE: (813) 682-6474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #