


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 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
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DO NOT WRITE IN THIS SPACE



02122008 No Chg-LLC CR2E083 (12/07)

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

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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 _____

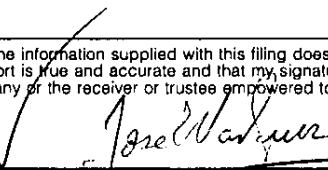
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000854101
03/26/08-80094-018 138.75

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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:  **3/8/08**

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