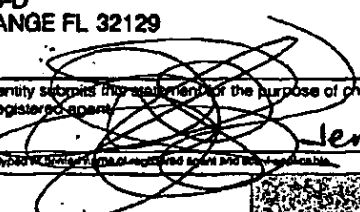
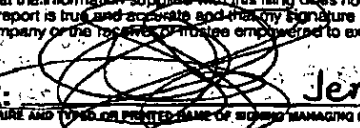


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 26, 2004 8:00 am
Secretary of State

04-15-2004 90116 001 ****50.00

4/11
4/1

DOCUMENT # L03000014221			
1. Entity Name PRESTIGIOUS OAKS LLC			
Principal Place of Business 900 N. SWALLOWTAIL DR. SUITE 104-D PORT ORANGE FL 32129		Mailing Address 900 N. SWALLOWTAIL DR. SUITE 104-D PORT ORANGE FL 32129	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent FERGUSON, JENNIFER M 900 N. SWALLOWTAIL DR. SUITE 104-D PORT ORANGE FL 32129		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of New Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 		DATE 2/6/04	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JENNIFER M. FERGUSON, PRES. 900 N. SWALLOWTAIL DR. STE 104-D PORT ORANGE, FL 32129	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JAMES VICKARYOUS, VP. 900 N. SWALLOWTAIL DR. STE 104-D PORT ORANGE, FL 32129	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
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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 registered trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE 		DATE 2/6/04	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

04-3754151

34007595



04-3754151

GR2E083 (11/03)

A. FFI Number

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

Signature, typed name of current registered agent and not applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

JENNIFER M. FERGUSON, PRES.
900 N. SWALLOWTAIL DR. STE 104-D
PORT ORANGE, FL 32129

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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SIGNATURE

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

DATE

Daytime Phone #