

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014221

Entity Name: PRESTIGIOUS OAKS LLC

FILED
Jan 11, 2005
Secretary of State

Current Principal Place of Business:

900 N. SWALLOWTAIL DR.
SUITE 104-D
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

900 N. SWALLOWTAIL DR.
SUITE 104-D
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 04-3754151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: FERGUSON, JENNIFER M
Address: 900 N. SWALLOWTAIL DR STE 104D
City-St-Zip: PORT ORANGE, FL 32129

Title: VP () Delete
Name: VICKARYOUS, JAMES
Address: 900 N. SWALLOWTAIL DR STE 104D
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FERGUSON, JENNIFER M
Address: 900 N. SWALLOWTAIL DR STE 104D
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR (X) Change () Addition
Name: VICKARYOUS, JAMES
Address: 900 N. SWALLOWTAIL DR STE 104D
City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JENNIFER FERGUSON

MGR

01/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date