

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015030

Entity Name: PRESTON LLC

FILED
Mar 09, 2007
Secretary of State

Current Principal Place of Business:

11 CULLINAN COURT
GAITHERSBURG, MD 20878

New Principal Place of Business:

11 CULLINAN COURT
GAITHERSBURG, MD 20878

Current Mailing Address:

11 CULLINAN COURT
GAITHERSBURG, MD 20878

New Mailing Address:

11 CULLINAN COURT
GAITHERSBURG, MD 20878

FEI Number: 38-3677714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MANNIKKO, JOSEPH L
870 SW MARTIN DOWNS BLVD. STE. 1
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

MANNIKKO, JOSEPH L
4285 SW MARTIN BLVD.
PALM CITY, FL 34990 US

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:

03/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BADRA, EMILY
Address: 11 CULLIVAN COURT
City-St-Zip: GAITHERSBURG, MD 20878

Title: MGRM () Delete
Name: BADRA, JOE
Address: 11 CULLIVAN COURT
City-St-Zip: GAITHERSBURG, MD 20878

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BADRA, EMILY
Address: 11 CULLINAN COURT
City-St-Zip: GAITHERSBURG, MD 20878

Title: MGRM (X) Change () Addition
Name: BADRA, JUBRAN
Address: 11 CULLINAN COURT
City-St-Zip: GAITHERSBURG, MD 20878

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: EMILY BADRA

MGRM

03/09/2007

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