## **2004 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

## **DOCUMENT # L03000023013**

1. Entity Name
CENTRAL FLORIDA PRESTIGE PROPERTIES 1.1.C



## FILED Apr 22, 2004 8:00 am Secretary of State 04-22-2004 90356 037 \*\*\*\*50.00

DENTINE FEORIDAY NESTIGET NOVELNIES, E.E.O.												
Principal Place of Business 7983 PLANTATION LAKES DRIVE PORT ST. LUCIE, FL 34986			Mailing Address 7983 PLANTATION LAKES DRIVE PORT ST. LUCIE, FL 34986				くそのうひょっこ					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04192004	4 Chg-	LTC	CR2E0	83 (10/03)	
City & State			City & State				4. FEI Nurr	nber -55~	-084	25.7	7 A	oplied For pot Applicable
Zip Country			Zip	itry		5. Certificate of Status Desired Specificate of Status Desired Fee Required						
	6. Name	and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent							
DEERING, 7983 PLAN PORT ST.	TATION I		Street Add			P.O. Box Nun	nber is Not	Acceptable	e)			
				City	City Zip Code							
8. The above	named entit	v submits this statement for	the purpose of changing its	register	<u> </u>	r register	red agent, or 1	noth in the	State of Fl	FL orida Jam	<u> </u>	
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	or printed name of registered agent a	nd title if applicable. (NOT)	E: Registere	d Agent signat	me tednised	d when reinstating)		<del></del>	DATE	<del></del>	
		is \$50.00 y 1, 2004	•				Make check payable to Florida Department of State					
9.		MANAGING MEMBE	RS/MANAGERS	10.				A	DDITIONS	/CHANGES	}	
TITLE Name Street adoress	7983 PLA	S, BRYAN T INTATION LAKES DRIV	☐ Delete		NE Eet adoress						☐ Change	Addition
CRTY-ST-ZIP TITLE	PORT ST	. LUCIE, FL 34986	Delete	) TITL	(-ST-ZIP E 1-1.						☐ Change	Addition
NAME Street adoress City-St-Zip					NE EET AOORESS (-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete								☐ Change	☐ Addition
TITILE NAME STREET ADDRESS			☐ Delete	TITE NAJ Str	E RE EET ADDRESS					<u> </u>	Change.	Addition
CITY-SI-ZIP TITLE			☐ Delete	car m	r-st-zip .e						☐ Change	Addition
NAME Street address City-St-Zip	į				ME Leet address Y-St-Zip							
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete								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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.												
SIGNATURE: SIGNATURE AND TYPED OR PRENTO NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deprine Phone #												