

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000023013

1. Entity Name
CENTRAL FLORIDA PRESTIGE PROPERTIES, L.L.C.



Principal Place of Business
**7983 PLANTATION LAKES DRIVE
PORT ST. LUCIE, FL 34986**

Mailing Address
**7983 PLANTATION LAKES DRIVE
PORT ST. LUCIE, FL 34986**



03022006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0842577

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEERING, BRYAN T
7983 PLANTATION LAKES DRIVE
PORT ST. LUCIE, FL 34986**

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEERING, BRYAN T 7983 PLANTATION LAKES DRIVE PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000461553
03/20/06-80054-024 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #