

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057396

Entity Name: 6810 PRESCOTT AVENUE, LLC

FILED  
Feb 15, 2006  
Secretary of State

## Current Principal Place of Business:

864 GULF PAVILION DRIVE  
#201, C/O MR. AND MRS. JAMES AMONT  
NAPLES, FL 34108 US

## Current Mailing Address:

864 GULF PAVILION DRIVE  
#201, C/O MR. AND MRS. JAMES AMONT  
NAPLES, FL 34108 US

## New Principal Place of Business:

1580 SERENITY CIRCLE  
C/O MR. AND MRS. JAMES AMONT  
NAPLES, FL 34110 US

## New Mailing Address:

1580 SERENITY CIRCLE  
C/O MR. AND MRS. JAMES AMONT  
NAPLES, FL 34110 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAMES R. NICI C/O COX & NICI  
1185 IMMOKALEE ROAD  
SUITE #110  
NAPLES, FL 34110 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/MANAGERS:

Title: MGRM ( ) Delete  
Name: MARIE A. AMONT, TEE, MAA RLT 2/28/ 0 1  
Address: 864 GULF PAVILION DRIVE, #201  
City-St-Zip: NAPLES, FL 34108 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MARIE A. AMONT, TEE, MAA RLT 2/28/ 0 1  
Address: 1580 SERENITY CIRCLE  
City-St-Zip: NAPLES, FL 34110 US

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: JAMES AMONT

MGR

02/15/2006

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