2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006
Secretary of State

DOCUMENT# L03000057396

Entity Name: 6810 PRESCOTT AVENUE, LLC

Current Principal Place of Business:

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

Current Mailing Address:

864 GULF PAVILION DRIVE
#201, C/O MR. AND MRS. JAMES AMONT
NAPLES, FL 34108 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, T'EE, 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, T'EE, 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