

LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 03, 2004 8:00 am  
Secretary of State

05-03-2004 90138 004 \*\*\*150.00

DOCUMENT # L04000000706

1. Entity Name

PREFERRED PROPERTIES LLC

DO NOT WRITE IN THIS SPACE

24063897

2. Principal Place of Business  
10480 SE 101ST AVE RD

3. Mailing Address  
10480 SE 101ST AVE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BELLEVUE, FL

City & State  
BELLEVUE, FL

4. FEI Number  
80-0089367

Applied For  
Not Applicable

Zip  
34420-3606

Country

Zip  
34420-3606

Country

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
REBECCA K KORVER

Street Address (P.O. Box Number is Not Acceptable)  
10480 SE 101ST AVE RD

City  
BELLEVUE

FL Zip Code  
34420-3606

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

DATE

FEE IS \$80.00  
Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGRM  
REBECCA K KORVER  
10480 SE 101ST AVE RD  
BELLEVUE, FL. 34420-3606

TITLE  
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DO NOT WRITE  
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Rebecca Korver

4/30/04

(CPA) 3527538900

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

Date

Daytime Phone #