

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2005 8:00 am
Secretary of State

08-10-2005 90047 044 ****50.00

DOCUMENT # L04000002161					
1. Entity Name PREFERRED HOLDINGS, LLC					
Principal Place of Business 4530 ARNOLD AVE, STE 6 NAPLES, FL 34104			Mailing Address 4530 ARNOLD AVE, STE 6 NAPLES, FL 34104		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <u>20-3231433</u>	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GREEN, BRUCE D 1520 ROYAL PALM SQUARE BLVD, STE 320 FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name <u>Christopher M Craparo</u> Street Address (P.O. Box Number is Not Acceptable) <u>4530 Arnold Ave #6</u> City <u>NAPLES</u> FL Zip Code <u>34104</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 <u>Christopher M Craparo</u> DATE <u>8/3/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Christopher Craparo</u> <input type="checkbox"/> Delete <u>4530 Arnold Ave #6</u> <u>Naples, FL 34104</u>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Christopher M Craparo</u>			Date <u>8/3/05</u> Daytime Phone # <u>239-354-5333</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					