

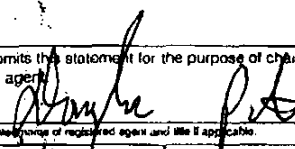
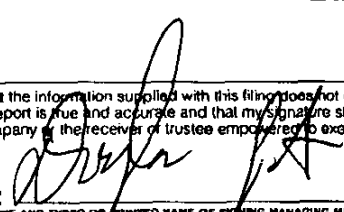
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B TAMONEY CPA

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90087 024 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                                                                                                                                                                                   |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L04000017334</b><br>1. Entity Name<br>PRESIDENTIAL WAY, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                                                  |                                                                   |
| Principal Place of Business<br>100 N. OCEAN BLVD., SUITE 106<br>DELRAY BEACH, FL 33483                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     | Mailing Address<br>100 N. OCEAN BLVD., SUITE 106<br>DELRAY BEACH, FL 33483                                                                                                        |                                                                   |
| 2. Principal Place of Business - No P.O. Box<br>6023 Lelac RD<br>Suite, Apt. #, etc.<br>Boca Raton FL<br>City & State                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     | 3. Mailing Address<br>6023 Lelac RD<br>Suite, Apt. #, etc.<br>Boca Raton FL<br>City & State                                                                                       |                                                                   |
| Zip 33496 Country USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     | Zip 33496 Country USA                                                                                                                                                             |                                                                   |
| 4. FEI Number<br>20-2202168                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     | Applied For<br>Not Applicable                                                                                                                                                     |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     | 01092007 Chg-LLC CR2E083 (12/06)                                                                                                                                                  |                                                                   |
| 6. Name and Address of Current Registered Agent<br>FILINGS, INC.<br>3732 N.W. 16TH STREET<br>FT. LAUDERDALE, FL 33311-4132                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Douglas Peters<br>Street Address (P.O. Box Number is Not Acceptable)<br>6023 Lelac RD<br>City Boca Raton FL Zip Code 33496 |                                                                   |
| 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                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     | DATE 1-10-07                                                                                                                                                                      |                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     | Make check payable to<br>Florida Department of State                                                                                                                              |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     | 10. ADDITIONS/CHANGES                                                                                                                                                             |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MGRM<br>AGELOFF, MICHAEL<br>100 N. OCEAN BLVD., SUITE 106<br>DELRAY BEACH, FL 33483 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MGRM<br>PETERS, DOUGLAS<br>6023 LE LAC ROAD<br>BOCA RATON, FL 33496                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     | Date _____ Daytime Phone # _____                                                                                                                                                  |                                                                   |