


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90021 007 ****50.00

DOCUMENT # L04000017840 1. Entry Name PRESTEON, LLC.			
Principal Place of Business 2534 NW 33RD PL GAINESVILLE, FL 32605 US		Mailing Address 2534 NW 33RD PL GAINESVILLE, FL 32605 US	
2. Principal Place of Business 3559 NW 63rd Place Suite, Apt. #, etc.		3. Mailing Address 3559 NW 63rd Place Suite, Apt. #, etc.	
City & State Gainesville, FL		City & State Gainesville, FL	
Zip 32653		Country US	
4. FEI Number 20-0817666		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FANG, LU 2534 NW 33RD PL GAINESVILLE, FL 32605		7. Name and Address of New Registered Agent Name Fang, Lu Street Address (P.O. Box Number is Not Acceptable) 3559 NW 63rd Place City Gainesville FL Zip Code 32653	
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 <i>X Lu Fang</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE 3/7/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM FANG, LU 2534 NW 33RD PL GAINESVILLE, FL 32605	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FANG, LU 3559 NW 63rd Place Gainesville, FL 32653
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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
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
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
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 <i>X Lu Fang</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 3/7/06	