

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90036 048 \*\*\*138.75

**DOCUMENT # L04000018241**

1. Entity Name  
PRP EQUITY GROUP, L.L.C.



Principal Place of Business  
10421 UNIVERSITY CENTER DRIVE  
SUITE 500 M  
TAMPA, FL 33612

Mailing Address  
10421 UNIVERSITY CENTER DRIVE  
SUITE 500 M  
TAMPA, FL 33612

60037577



04172008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #  
4600 SW 46th Court  
Suite, Apt. #, etc.  
Bldg 200, Ste 340  
City & State  
Ocala, FL  
Zip  
34474  
Country  
Marion

3. Mailing Address  
4600 SW 46th Court  
Suite, Apt. #, etc.  
Bldg 200, Ste 340  
City & State  
Ocala, FL  
Zip  
34474  
Country  
Marion

4. FEI Number  
20-0934247  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LOCKE, D. RUSSELL  
10421 UNIVERSITY CENTER DRIVE, STE 500M  
TAMPA, FL 33612

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
4600 SW 46th Court  
Bldg 200, Ste 340  
City  
Ocala  
FL  
Zip Code  
34474

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 (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CONSILIENCE, L.L.C.  
4600 SW 46TH COURT, #340  
OCALA, FL 34474 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ 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:** *Kamille Locke*

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

Date

Daytime Phone #