2005 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L04000028751



FILED
Jul 25, 2005 8:00 am
Secretary of State
04-26-2005 90019 037 ****55.00

1. Entity Name PROSPERITY PARTNERS OF ILLINOIS, LLC							04-26-200	3 30013	037	33.00	
Principal Place of Business			Mailing Address	Mailing Address			20	2400	n n		
1015 TENTH STREET LAKE PARK, FL 33403			1015 TENTH STREET LAKE PARK, FL 33403				30010280				
2. Principel Place of Business			3. Mailing Address								
Suite, Apt. €, etc.			Suite, Apt. #, etc.			02082005	Chg-LLC	CR2E00	83 (10/03)		
City & State			City & State			4. FEI Numl		29		oplied For ot Applicable	
Zip		Country	Zip Country		ity		te of Status Desired		\$5.00 Ack	ditional	
	6. Name	e and Address of Current R	legistered Agent	egistered Agent Name			nd Address of New R	legistered A	gent		
SIMOES, F											
1015 TEN1 LAKE PAR			Street Address			s (P.O. Box Num	ber is Not Acceptable)			
					City			FL	Zip Cod		
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 accepted obligations of registered agent.										and accept	
SIGNATURE Signature, typed or printed name of regulatered agent and atte if applicable. (NOTE: Regulatered Agent algorithms required when remetating) DATE											
Fi Di	iling Fee ue by Ma	is \$50.00 by 1, 2005					Make check payable to Florida Department of State				
9.	····	MANAGING MEMBER		S/MANAGERS 10.			ADDITIONS/CHANGES				
TITLE NAME	MGR				E				Change	Addition	
STREET ADDRESS	1015 TEN	NTH STREET	STREE		ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
MAME	Deleto III				l l				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADORESS -ST-ZIP						
TITLE		Deleta III					,		Change	☐ Addition	
NAME CITIEST ADVOCCE				HAM	ε						
STREET ADDRESS CITY-ST-ZIP	ļ				-SI-JUP						
TITLE			☐ Delete	TITLE	I				Change	☐ Addition	
NAME STREET ADDRESS	-			STRE	ET ADORESS					-	
CITY-SI-ZIP	ļ. -			-	-S1-ZP						
TITLE NAME			Oelete	TITLE	[☐ Change	Addition	
STREET ADDRESS				STREE	ET ADORESS						
CITY-ST-ZIP	 		Deleta	CITY- TITLE	- ST- ZIP		·····		Channe	Addition	
HAME	l			KAJA	1				Change	Addition	
STREET ADDRESS CITY-ST-ZIP	J				ET ACORESS -ST-ZIP						
11. I hereby o	certify that th	ne information supplied with	this filing does not quality for t	the exer	mption stated in l	Section 119.07(3	Xi), Florida Statutes, I	further certi	ty that the in	formation	
indicated on this report is true and accurate and that massignature 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 elimpowered to execute this report as required by Chapter 608. Florida Statutes.											
SIGNATURE BY: Martin											

MIGNATURE AND TYPED OR PRINTED NAME OF BIGHING MANAGENG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #