2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L04000035009

Entity Name: PROSPERITY PROFESSIONAL CENTRE' LLC

Current Principal Place of Business:

1511 PROSPERITY FARMS ROAD
LAKE PARK, FL 33403

New Principal Place of Business:

1511 PROSPERITY FARMS ROAD
200
LAKE PARK, FL 33403

Current Mailing Address:

POST OFFICE BOX 4050
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 20-1117713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRACY, WILLIAM P
5028 MISTY MORN RD
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	JAKUBIAK, ELIZABETH	
Address:	POST OFFICE BOX 4050	
City-St-Zip:	TEQUESTA, FL 33469	
Title:	MGRM	( ) Delete
Name:	TRACY, WILLIAM P	
Address:	5028 MISTY MORN ROAD	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	MGR	( ) Delete
Name:	TRACY, J S	
Address:	1511 PROSPERITY FARMS RD	
City-St-Zip:	PALM BEACH GARDENS, FL 33403	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELIZABETH JAKUBIAK MGMB 04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date