

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039365

FILED  
Jun 19, 2008  
Secretary of State

**Entity Name:** PRECIOUS WATERFALLS LLC

**Current Principal Place of Business:**

1888 MEADOWGOLD LANE  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2345  
GOLDENROD, FL 32733

**New Mailing Address:**

FEI Number: 71-0967343      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HYLTON, SANGUETTA  
1888 MEADOWGOLD LANE  
WINTER PARK, FL 32792      US

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: HYLTON, SANGUETTA  
Address: 1888 MEADOWGOLD LANE  
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM      ( ) Delete  
Name: THOMPSON, DWAYNE O  
Address: 1888 MEADOWGOLD LANE  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES:**

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: SANGUETTA HYLTON

MGRM

06/19/2008

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