

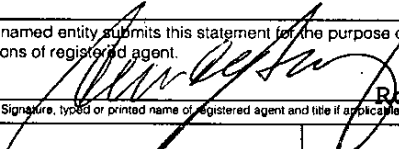
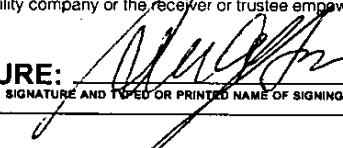


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 09, 2006 8:00 am**  
**Secretary of State**

08-09-2006 90094 039 \*\*\*\*50.00

<b>DOCUMENT # L04000041672</b>					
<b>1. Entity Name</b> DUBARRY PROSPERITY, LLC					
<b>Principal Place of Business</b> 11891 U.S. HIGHWAY ONE, SUITE 100 NORTH PALM BEACH, FL 33408			<b>Mailing Address</b> 11891 U.S. HIGHWAY ONE, SUITE 100 NORTH PALM BEACH, FL 33408		
<b>2. Principal Place of Business</b> 625 N. Flagler Dr. Suite, Apt. #, etc. 9th Floor		<b>3. Mailing Address</b> 625 N. Flagler Dr. Suite, Apt. #, etc. 9th Floor			
<b>City &amp; State</b> West Palm Beach, FL		<b>City &amp; State</b> West Palm Beach, FL		07312006    Chg-LLC    CR2E083 (11/05)	
<b>Zip</b> 33401		<b>Country</b> US		<b>4. FEI Number</b> NOT APPLICABLE	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b>  HACKNEY, ROBERT C 11891 U.S. HIGHWAY ONE, SUITE 100 NORTH PALM BEACH, FL 33408			<b>7. Name and Address of New Registered Agent</b> Name Robert C. Hackney, Esq. Street Address (P.O. Box Number is Not Acceptable) Moyle, Flanigan, Katz, et al 625 N. Flagler Dr. 9th Floor City West Palm Beach    FL    Zip 33401		
<b>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.</b>  SIGNATURE  Robert C. Hackney, Esq.    DATE 8/2/06 <small>(NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM DUBARRY, ETIENE 11211 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			Robert C. Hackney, Esq.    DATE 8/2/06    Daytime Phone # 561-776-8600		