


FILED
May 26, 2005 8:00 am
Secretary of State

04-29-2005 90041 019 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000050316

1. Entity Name
 PROSPERITY LAND HOLDINGS, LLC



Principal Place of Business
 790 NORTH PONCE DE LEON BOULEVARD
 ST. AUGUSTINE, FL 32084

Mailing Address
 790 NORTH PONCE DE LEON BOULEVARD
 ST. AUGUSTINE, FL 32084

30007751



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

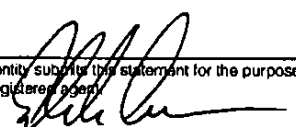
3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04112005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 59-3268003 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 JONES, KATHERINE G
 780 NORTH PONCE DE LEON BOULEVARD
 ST. AUGUSTINE, FL 32084

Signature: 

7. Name and Address of New Registered Agent
 Name: Addie Cleamer
 Street Address (P.O. Box Number is Not Acceptable)
 790 N Ponce de Leon Blvd.
 City: St Aug FL Zip Code: 32084

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: _____ DATE: 4/26/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE PROSPERITY BANKING COMPANY 790 NORTH PONCE DE LEON BOULEVARD ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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:  DATE: 4-27-05 9048249111

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