


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90125 041 ***138.75

DOCUMENT # L04000050316 1. Entity Name PROSPERITY LAND HOLDINGS, LLC	
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Principal Place of Business 790 NORTH PONCE DE LEON BOULEVARD ST. AUGUSTINE, FL 32084	Mailing Address P O BOX 1690 ST AUGUSTINE, FL 32085-1690
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2. Principal Place of Business - No P.O. Box # 100 Southpark Blvd Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State St. Augustine, FL Zip 32086	City & State Zip Country	4. FEI Number 59-3268003	Applied For <input type="checkbox"/> Not Applicable
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04032008 Chg-LLC CR2E083 (12/06)

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	6. Name and Address of Current Registered Agent CREAMER, EDDIE 100 SOUTHPARK BLVD ST. AUGUSTINE, FL 32086
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: _____

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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	THE PROSPERITY BANKING COMPANY
STREET ADDRESS	790 NORTH PONCE DE LEON BOULEVARD
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100 Southpark Blvd.
CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:  DATE: 4-3-08

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