2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

May 09, 2005 8:00 am Secretary of State 04-18-2005 90076 047 ****50.00 **DOCUMENT # L04000050396** 1. Entity Name PROSPERITY SERVICES LLC Principal Place of Business Mailing Address 36002804 3920 RCA BOULEVARD STE. 2004 3920 RCA BOULEVARD STE. 2004 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. ♥, etc. 04082005 CR2E083 (10/03) City & State City & State Appliad For 9711 Not Applicable Zip \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RESTINO, PHILIP C 3920 RCA BOULEVARD STE. 2004 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS, FL. 33410 City Zip Code 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. (NOTE: Registered Agent signesure required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS / MANAGERS 9. ADDITIONS/CHANGES TITLE TITLE ☐ Detete Addition RESTINO, PHILIP C NAME MANIF 3920 RCA BOULEVARD STE. 2004 STREET ADDRESS STREET ADDRESS CITY-ST-ZP PALM BEACH GARDENS, FL 33410 CITY-ST-ZP TITLE Toleto. TITLE Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY - 5T - 72P Deleta MLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE Delete tm f ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(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 eath; 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.

FILED