2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# L04000052608

Entity Name: PRESTIGIOUS HOMES, LLC

Current Principal Place of Business:

4504 NE 22ND ROAD
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

250 LOMBARDY AVE
FORT LAUDERDALE, FL 33308

Current Mailing Address:

4504 NE 22ND ROAD
FORT LAUDERDALE, FL 33308

New Mailing Address:

250 LOMBARDY AVE
FORT LAUDERDALE, FL 33308

FEI Number: 20-1416817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEISS, SCOTT A
2550 NE 15TH AVENUE
FORT LAUDERDALE, FL 33305 US

Name and Address of New Registered Agent:

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: MGR ( ) Delete
Name: LANE, CHARLES L
Address: 4504 NE 22ND ROAD
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGR ( ) Delete
Name: SCOTT, PATRICK E
Address: 4504 NE 22ND ROAD
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LANE, CHARLES L
Address: 250 LOMBARDY AVE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGR (X) Change ( ) Addition
Name: SCOTT, PATRICK E
Address: 250 LOMBARDY AVE
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES L. LANE MGR 01/03/2007

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