


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90181 010 \*\*\*\*50.00

|  |  |                           |   |   |  |
|--|--|---------------------------|---|---|--|
| <b>DOCUMENT # L04000057102.</b>  |  |                           |   |  |  |
| <b>1. Entity Name</b><br>PRISSEY, LLC  |  |                           |   |   |  |
| <b>Principal Place of Business</b><br>4591 OYSTER SHELL DRIVE<br>NORTH CAPTIVA, FL 33924   |  |                           | <b>Mailing Address</b><br>P.O. BOX 396<br>PINELAND, FL 33945  |   |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b> |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.       |   |   |  |
| City & State   |  | City & State              |   |   |  |
| Zip  | Country  | Zip                       | Country   | 01302005    Chg-LLC    CR2E083 (10/03)  |  |
| <b>4. FEI Number</b><br>201454731  |  |                           |   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable                     |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |                           |   |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525  |  |                           | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |   |  |
| <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>   |  |                           |   |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reappointing)    DATE _____   |  |                           |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>  |  |                           |   | <b>Make check payable to<br/>Florida Department of State</b>                      |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |                           | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>MGR</b><br><b>CRAVEN, RICHARD C</b> <input type="checkbox"/> Delete<br>4591 OYSTER SHELL DRIVE<br>NORTH CAPTIVA, FL 33924 |                           | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete  |                           | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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| <b>11. I hereby certify that the information supplied with this filing 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 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> <u>Richard C Craven</u>  |  |                           | Date <u>2-5-05</u> Daytime Phone # <u>239-395-3154</u>  |   |  |