

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000059539



1. Entity Name
PROSPA, LLC

Principal Place of Business
16300 GOLF CLUB ROAD, #610
WESTON, FL 33326

Mailing Address
16300 GOLF CLUB ROAD, #610
WESTON, FL 33326

20047719



2. Principal Place of Business
16300 GOLF Club RD

3. Mailing Address
16300 I. HIVE CLOSE

04052005 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.
610
City & State
WESTON FLORIDA

Suite, Apt. #, etc.
BUSHEY HEATH
City & State
WATFORD

4. FEI Number
86-1131323
Applied For
 Not Applicable

Zip
33326
Country
U.S.A

Zip
WD23 1LF
Country
U.K

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

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132

7. Name and Address of New Registered Agent

Name
MARCEL BELLER
Street Address (P.O. Box Number is Not Acceptable)
~~I. HIVE CLOSE~~ 16300 GOLF CLUB RD 610
BUSHEY HEATH
City
~~WATFORD~~ WESTON FL Zip Code 33326
WD23 1LF

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 MARCEL BELLER

M. Beller

04/02/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGRM	BELLER, MARCEL	16300 GOLF CLUB ROAD, #610	WESTON, FL 33326	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: M. Beller

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

Date

Daytime Phone #