



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90025 049 \*\*\*\*50.00

DOCUMENT # L04000068774					
<b>1. Entity Name</b> PROSPERITY GROUP, LLC					
<b>Principal Place of Business</b> 930 WILLISTON PARK POINTE DRIVE LAKE MARY, FL 32746			<b>Mailing Address</b> 930 WILLISTON PARK POINTE DRIVE LAKE MARY, FL 32746		
<b>2. Principal Place of Business</b> 4035 W. 1st STREET Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4035 W. 1st STREET Suite, Apt. #, etc.			
<b>City &amp; State</b> SANFORD, FL Zip 32741 Country USA		<b>City &amp; State</b> SANFORD, FL Zip 32741 Country USA		04262006 Chg-LLC CR2E083 (11/05)	
<b>4. FEI Number</b> 20-1834406				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required					
<b>6. Name and Address of Current Registered Agent</b> HOCTOR, JAMES J 215 N. EOLA DRIVE ORLANDO, FL 32801			<b>7. Name and Address of New Registered Agent</b> Name: TRACY A. MARSHALL Street Address (P.O. Box Number is Not Acceptable): 301 EAST PINE STREET SUITE 1400 City: ORLANDO FL Zip Code: 32801		
<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> SIGNATURE: <u>Tracy Marshall</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANG, MARK SR 930 WILLISTON PARK POINT DRIVE KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLINGTON CAPITAL GROUP, INC. 1969 ALAFAYA TRAIL, STE. 236 ORLANDO, FL 32829	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T KEVIN MUNIZ 111 N. ORANGE AVE., STE. 2000 ORLANDO, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4/26/06 Date Daytime Phone #		