



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-05-2006 90025 046 ****50.00

DOCUMENT # L04000069014					
1. Entity Name PROSPERITY MANAGEMENT GROUP, LLC					
Principal Place of Business 930 WILLISTON PARK POINTE DRIVE LAKE MARY, FL 32746			Mailing Address 930 WILLISTON PARK POINTE DRIVE LAKE MARY, FL 32746		
2. Principal Place of Business 4035 W. 1st STREET		3. Mailing Address 4035 W. 1st STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 403		04262006 Chg-LLC CR2E083 (11/05)	
City & State SANFORD, FL		City & State SANFORD, FL		4. FEI Number 20-1834250	
Zip 32771		Zip 32771		Country USA	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOGSTOR, JAMES J 215 N EOLA DRIVE ORLANDO, FL 32801			7. Name and Address of New Registered Agent		
			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		
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 <u><i>Tracy Marshall</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LANG SR, MARK A 930 WILLISTON PARK POINT DR. LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WELLINGTON CAPITAL GROUP, INC. 1919 ALAFAYA TRAIL, STE. 234 ORLANDO, FL 32828	<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 MUNROE 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
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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
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.					
SIGNATURE: <u><i>[Signature]</i></u> <u>4/26/06</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					