


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90141 003 \*\*\*\*50.00

DOCUMENT # L04000072292		
1. Entity Name PRESTANCIA MORTGAGE, LLC		

Principal Place of Business 5058 SOUTH CONWAY ROAD ORLANDO, FL 32812	Mailing Address 9671 SWEETLEAF STREET ORLANDO, FL 32827
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20002050

2. Principal Place of Business 3123 Dick Wilson Dr.	3. Mailing Address 3123 Dick Wilson Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SARASOTA, FL.	City & State SARASOTA, FL.
Zip 34240	Zip 34240
Country FLORIDA	Country FLORIDA

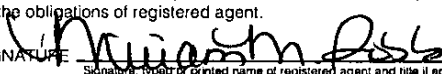
01122006 Chg-LLC CR2E083 (11/05)

4. FEI Number 43-2062201	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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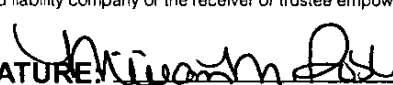
6. Name and Address of Current Registered Agent ROBLES, MIRIAM M 9671 SWEETLEAF ST ORLANDO, FL 32827	
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7. Name and Address of New Registered Agent Name MIRIAM M. ROBLES Street Address (P.O. Box Number is Not Acceptable) 3123 Dick Wilson Drive City SARASOTA FL Zip Code 34240	
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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  MIRIAM M. ROBLES 01/12/06 (NOTE: Registered Agent signature required when reinstating.)	
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROBLES, MIRIAM M 9671 SWEETLEAF STREET ORLANDO, FL 32827 <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  MIRIAM M. ROBLES MGR 01/12/06 407-240-1614 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #	
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