

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90452 018 ****50.00

DOCUMENT # L04000075776

1. Entity Name
PROSPERITY VENTURE PARTNERS, LLC



Principal Place of Business
7954 FAIRWAY LANE
WEST PALM BEACH, FL 33412 US

Mailing Address
7954 FAIRWAY LANE
WEST PALM BEACH, FL 33412 US

DO NOT WRITE IN THIS SPACE



03212007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1768108

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

POSTEN, ROBERT J
7954 FAIRWAY LANE
WEST PALM BEACH, FL 33412

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MAYES, JR, R. THOMAS
STREET ADDRESS 2595 NATVEES WAY
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE MGR
NAME EILLIN, GARY
STREET ADDRESS 5380 N. OCEAN DRIVE, SUITE 101
CITY-ST-ZIP WEST PALM BEACH, FL 33404

TITLE MGR
NAME POSTEN, ROBERT
STREET ADDRESS 7954 FAIRWAY LANE
CITY-ST-ZIP WEST PALM BEACH, FL 33412

TITLE
NAME
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #