

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079643

FILED
Jan 13, 2007
Secretary of State

Entity Name: PREFERRED ASSET COMPANY, L.L.C.

Current Principal Place of Business:

200 SE FOURWINDS DRIVE, APT. 210
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

200 SE FOURWINDS DRIVE, APT. 210
STUART, FL 34996

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGAN, PETER
200 SE FOUR WINDS DRIVE
#210
STUART, FL 34996 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REGAN, PETER J
Address: 200 SE FOURWINDS DRIVE, APT. 210
City-St-Zip: STUART, FL 34996

Title: MGR () Delete
Name: REGAN, JOHN P
Address: 401 NEW RAIL DRIVE
City-St-Zip: CARY, NC 27513

Title: MGR () Delete
Name: REGAN, KIM M
Address: 245 PEARL ST
City-St-Zip: NEWTON, MA 02458

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: REGAN, PETER J

MGRM

01/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date