

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State

05-02-2005 90108 034 ****50.00

DOCUMENT # L04000087238 1. Entity Name PROSPEROUS REALTY, L.L.C.					
Principal Place of Business 8360 WEST FLAGLER STREET, SUITE #200 MIAMI, FL 33144			Mailing Address 8360 WEST FLAGLER STREET, SUITE #200 MIAMI, FL 33144		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04292005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 59-3790600	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAMMAH, HERNAN L 8360 WEST FLAGLER STREET, SUITE #200 MIAMI, FL 33144				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHAMMAH, HERNAN L 8360 WEST FLAGLER STREET, SUITE #200 MIAMI, FL 33144		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			4/1/05 59-7229		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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