2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

May 24, 2007 8:00 am Secretary of State DOCUMENT # L05000000289 1. Entity Name 05-24-2007 90406 003 ****50.00 PRESTIGE PLANNING SERVICES LLC Principal Place of Business Maiting Address 4122 VENETIA WAY P.O. BOX 30579 PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33420 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 20-2121615 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WITTSON, HARVEY S Street Address (P.O. Box Number is Not Acceptable) 4122 VENETIA WAY PALM BEACH GARDENS FL 33418 City Zip Code 8. The above named entit gment 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 registers SIGNATURE Signature, typed south and title diagnificable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES mu MGR Delete HILE ☐ Change ☐ Addition WITTSON, HARVEY S NAME STREET ADDRESS STREET ADDRESS 4122 VENETAI WAY CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY ST 7IP HILLE Delete ☐ Change Addition NAME KAPNER, LORINDA NAME STREET ADDRESS 4122 VENETIA WAY STREET ADDRESS CITY - ST - ZIP CITY - ST-7IP PALM BEACH GARDENS FL 33418 HILL ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY ST-7IP CITY-ST-7IP HHI ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY ST-ZIP

FILED

□ Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

HILL

NAME

STREET ADDRESS

CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of trustee ompowered to execute this report as required by Chapter 608, Florida Statutes.