#### 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

### **DOCUMENT # L05000005622**

NATIONAL HOUSING GROUP, LLC



FILED Apr 26, 2007 08:00 AM Secretary of State

Principal Place of Business

1023 NW 3RD AVENUE MIAMI, FL 33136

Maiting Address

1023 NW 3RD AVENUE MIAMI, FL 33136



04212007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2191656

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

PRESTIGE ENTERPRISE GROUP, INC. 1023 NW 3RD AVENUE MIAMI, FL 33136

## 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. 1 am familiar with, and accept the obligations of registered agent.			
Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Filling Fee is \$50.00			

### Due by May 1, 2007

9.	9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRESTIGE ENTERPRISE GROUP INC 1023 NW 3RD AVE MIAMI, FL 33136	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

U00000734967 05/10/07-80015-001 55.00

# DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 entrowers to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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