

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000014044

1. Entity Name

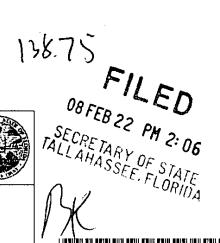
JAMÉS H. PRESCOTT, LLC



Principal Place of Business

3311 NOHLCREST PL PLANT CITY, FL 33566 Mailing Address

3311 NOHLCREST PL PLANT CITY, FL 33566



01312008 No Chg-LLC

CR2E083 (12/07)

Fee Required

× 813-828-1571

Davlime Phone #

×2-13-03

| 4. FEI Number | | Applied For |
|----------------------------------|--------|----------------|
| 20-4023550 | | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 | Additional |

6. Name and Address of Current Registered Agent

HIGHTOWER, ROBERT S 128 SALEM COURT TALLAHASSEE, FL 32301

SIGNATURE:

SIGNATURE AND TYPES OR

DO NOT WRITE IN THIS SPACE

| 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 sanature required when reinstating) DATE | | |
| | NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 | (NOTE: Registered Agent signature required when reinstating) DATE | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PRESCOTT, JAMES T 3311 NOHLCREST PL PLANT CITY, FL 33566 | 400119546214 03/06/0801012020 **555.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | / / U3/U6/U3U1012U20 **555.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| mulcated | certify that the information supplied with this filing does not on this report is true and accurate and that my signature shability company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company of the company o | ualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information all have the same legal effect as if made under oath; that I am a managing member or manager of the ute this report as required by Chapter 608, Florida Statutes. | | |

RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE