

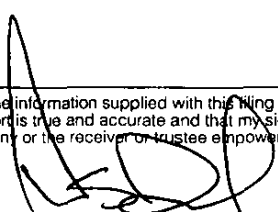


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90036 039 \*\*\*\*50.00

<b>DOCUMENT # L05000027174</b> 1. Entity Name <b>PROSPECT POINT OF MANATEE, L.L.C.</b>					
Principal Place of Business <b>6522 GUNN HIGHWAY TAMPA, FL 33625</b>			Mailing Address <b>6522 GUNN HIGHWAY TAMPA, FL 33625</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>60040212</b>  	
City & State		City & State		04112007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number <b>20-2528219</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>SKOKOS, PETER Z 1819 MAIN STREET, STE. 610 SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name <b>Sara K. Flint</b> Street Address (P.O. Box Number is Not Acceptable) <b>6522 Gunn Highway</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33625</b>		
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. SIGNATURE <u><b>Sara K. Flint</b></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><b>4/13/07</b></u>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR RUSHNELL, DEVON S 6522 GUNN HIGHWAY TAMPA, FL 33625</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing 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 empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> <u></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			<u><b>4/13/07</b></u> Date Daytime Phone #		