2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046332

Entity Name: PROSPERITY 777 "LLC"

Current Principal Place of Business:

3130 CLEWISTON STREET

3130 CLEWISTON STREET

DELTONA, FL 32738 US

() Delete

() Delete

1443 NORTH MANGONIA CIRCLE

WEST PALM BEACH, FL 33401 US

() Delete

1443 NORTH MANGONIA CIRCLE

WEST PALM BEACH, FL 33401 US

DELTONA, FL 32738 US

WALKER, ELROSE E

DENNIE, SHIRLEY J

DENNIE, RODNEY H

MGRM

MGRM

Address:

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Aug 14, 2007 Secretary of State

New Principal Place of Business:

| | TH STREET EACH, FL 33404 | US | | TH MANGONIA CIRCLE LM BEACH, FL 33401 US | |
|---|---|---|---|---|--|
| Current M | ailing Address: | | New Maili | ing Address: | |
| P.O. BOX [*] RIVIERA B | 10414 EACH, FL 33404 | US | | | |
| | ce with s. 607.193(2)(b) | Number Applied For() , F.S., the limited liability compa nt Registered Agent: | - | | |
| | YELL L TH MANGONIA CIR LM BEACH, FL 334 | | | | |
| The above in the State | | ts this statement for the pur | pose of changing i | its registered office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electronic Sig | nature of Registered Agent | | Date | |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/0 | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: | MGR () Delete SHAW, JAMES III NORTH MANGONIA C WEST PALM BEACH | RCLE | Title: Name: Address: City-St-Zip: | MGR (X) Change () Addition SHAW, JAMES III 1321 NORTH MANGONIA DRIVE WEST PALM BEACH, FL 33401 US | |
| Title: Name: Address: City-St-Zip: | MGRM () Delete SHAW, JOYELL L 1443 NORTH MANGO WEST PALM BEACH, | NIA CIRCLE | Title: Name: Address: City-St-Zip: | MGRM (X) Change () Addition SHAW, JOYELL L 1321 NORTH MANGONIA DRIVE WEST PALM BEACH, FL 33401 US | |
| Title: Name: | MGR () Delete | | Title: Name: | MGR (X) Change () Addition WALKER, DEMOND E | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

Title:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

1471 FELTON STREET

WALKER, ELROSE E

1471 FELTON STREET

DELTONA, FL 32725 US

MGRM

DELTONA, FL 32725 US

(X) Change () Addition

() Change () Addition

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SIGNATURE: SHIRLEY DENNIE 08/14/2007