


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000052360</b> 1. Entity Name PRESCOTT PARTNERS, LLC	
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Principal Place of Business 1525 WEST HILLSBOROUGH AVE TAMPA, FL 33602 US	Mailing Address 1525 WEST HILLSBOROUGH AVE TAMPA, FL 33602 US
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**DO NOT WRITE IN THIS SPACE**



04222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 14-1963303	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  REIBER, SAM I 3821 HENDERSON BLVD TAMPA, FL 33629
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**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. 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 signature required when reinstating) DATE

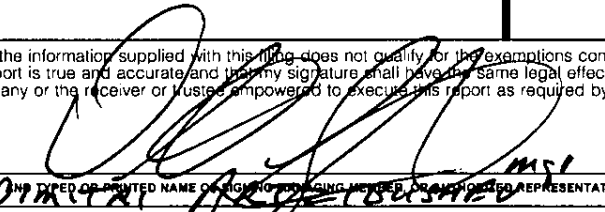
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ARTZIBUSHEV HOLDINGS, INC. 1525 WEST HILLSBOROUGH AVE. TAMPA, FL 33602
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888888936912  
05/27/08-80029-006 138.75

**DO NOT WRITE  
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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.

**SIGNATURE:**  **4/25/08** **813-237-0529**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #