


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000076437**

1. Entity Name  
**PREFERRED HOME WATCH & CONCIERGE SERVICE, LLC**



Principal Place of Business 7054 SE BAY HILL DRIVE STUART, FL 34997	Mailing Address 7054 SE BAY HILL DRIVE STUART, FL 34997
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**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 37-1514341	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIORE, RITA C  
 7054 SE BAY HILL DRIVE  
 STUART, FL 34997

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by September 14, 2007**

L00000767700  
 07/10/07-80015-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIORE, ROCCO V 7054 SE BAY HILL DRIVE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIORE, RITA C 7054 SE BAY HILL DRIVE STUART, FL 34997
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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:** *Rita Fiore* **RITA FIORE** **7/3/07** **772-463-5490**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #