


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 Mailing Address

7054 SE BAY HILL DRIVE 7054 SE BAY HILL DRIVE
 STUART, FL 34997 STUART, FL 34997

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 #