


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 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
---	---

**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 37-1514341	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 FIORE, RITA C  
 7054 SE BAY HILL DRIVE  
 STUART, FL 34997

**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 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000826260  
 02/21/08-80040-018 138.75

**DO NOT WRITE IN THIS SPACE**

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 2/11/08 772-463-5390  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #