

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081900

FILED  
May 27, 2008  
Secretary of State

**Entity Name:** PRESTIGE COMMERCIAL DEVELOPMENT, LLC

**Current Principal Place of Business:**

1200 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1200 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134

**New Mailing Address:**

15450 NEW BARN ROAD  
104  
MIAMI LAKES, FL 33014

FEI Number: 20-3332156      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

VILARELLO, ALEJANDRO ESQ  
14160 PALMETTO FRONTAGE ROAD  
SUITE 21  
MIAMI LAKES, FL 33016 US

**Name and Address of New Registered Agent:**

ALEJANDRO VILARELLO, P.A.  
15450 NEW BARN ROAD  
104  
MIAMI LAKES, FL 33014 US

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.

SIGNATURE: ALEJANDRO VILARELLO

05/27/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PRESTIGE DEVELOPMENT, PARTNERS, LLC  
Address: 1200 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: ALEJANDRO VILARELLO

RA

05/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date