



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90118 027 ****50.00

DOCUMENT # L05000093417		
1. Entity Name PRESTIGE VENTURES, LLC		
Principal Place of Business 2004 NE 49TH STREET FORT LAUDERDALE, FL 33308	Mailing Address 2004 NE 49TH STREET FORT LAUDERDALE, FL 33308	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BARTOLOME, ELMO 2004 NE 49TH ST FORT LAUDERDALE, FL 33308		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARTOLOME, ELMO V 2004 NE 49TH STREET FORT LAUDERDALE, FL 33308	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARTOLOME, DELILAH 2004 NE 49TH STREET FORT LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARTOLOME, CEASAR 2004 NE 49TH STREET FORT LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 		Date: 4/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #