2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Apr 19, 2007 08:00 Al Secretary of State DOCUMENT # L05000103568 1. Entity Name PROSPEROUS PROPERTIES LLC Principal Place of Business Mailing Address 3311 SOUTH ANDREWS AVENUE 3311 SOUTH ANDREWS AVENUE **UNIT 12 UNIT 12** FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 14-1945718 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo MCCARTHY, GARRY W -Street Address (P.O. Box Number is Not Acceptable) 3311 SOUTH ANDREWS AVE., #12 FT. LAUDERDALE FL 33316 Zip Code City 8. The above named entity submits this statement for the purposerol 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. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 ☐ Delete 11111 ☐ Change ☐ Addition MGR NAME: NAM MCCARTHY, GARY STREET ADDRESS STREET ADDRESS 3311 SOUTH ANDREWS AVENUE, UNIT 12 CITY-ST-ZIP FORT LAUDERDALE FL 33316 CHY-ST-7/P ☐ Change ■ Addition HHE ☐ Delete Time NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-7(P HILF ☐ Delete Change Addition NAMI. NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZP Addition TITLE ☐ Delete ☐ Change STREET LADORESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP U00000717993 05/01/07-80005-002 50. Addition 11111 ☐ Delete THEFT NAM! NAMI STREET ADDRESS STREET ADDRESS CHY-S1-7IP CHY-S1-71P ■ Addition BILL ☐ Delete HHE Change STREET ADDRESS STREET ADDRESS CITY - ST-7/P CHY-S1-7/P 11. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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.

R, MANAGER, OR AUTHORIZED REPRESENTATIVE

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