

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000116302

1. Entity Name
PRESTIGE ONE BUILDERS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:07

Principal Place of Business
2419 E. COMMERCIAL BLVD., STE 100
FORT LAUDERDALE, FL 33308

Mailing Address
2419 E. COMMERCIAL BLVD., STE 100
FORT LAUDERDALE, FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-3917151

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J
100 W. CYPRESS CREEK ROAD, STE. 700
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME LAMBERT, DANIEL
STREET ADDRESS 2419 E. COMMERCIAL BLVD., STE 100
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE MGR ☐ Delete
NAME VERRILLO, JAMES
STREET ADDRESS 2419 E. COMMERCIAL BLVD., STE 100
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE MGR ☐ Delete
NAME CANNATELLI, EDWARD D
STREET ADDRESS 2419 E. COMMERCIAL BLVD., STE 100
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

05/10/06 - 90016-011 - \$50.00

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:

[Signature]

Daniel Lambert

4-28-06

954-630-9449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone