

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013081

FILED
Jan 05, 2007
Secretary of State

Entity Name: PRESTIGE AB BLOCK OF FT. PIERCE, LLC

Current Principal Place of Business:

7228-C WESTPORT PLACE
WEST PALM BEACH, FL 33413 US

New Principal Place of Business:

Current Mailing Address:

7228-C WESTPORT PLACE
WEST PALM BEACH, FL 33413 US

New Mailing Address:

FEI Number: 20-4253632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHONEY, BRIAN
7228-C WESTPORT PLACE
WEST PALM BEACH, FL 33413 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAHONEY, BRIAN
Address: 7228-C WESTPORT PLACE
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: MGRM () Delete
Name: KAHLI, BEAT
Address: 13001 FOUNDERS SQUARE DRIVE
City-St-Zip: ORLANDO, FL 32828 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: S () Change (X) Addition
Name: D'AUSILIO, PATTI-LEE
Address: 7228-C WESTPORT PLACE
City-St-Zip: WEST PALM BEACH, FL 33413

I hereby certify that the information supplied with this filing does not qualify for the 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: PATTI-LEE D'AUSILIO

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01/05/2007

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