

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L06000047767 1. Entity Name PRENDES FAMILY HOLDINGS LLC |  |
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|---|---|
| Principal Place of Business 18001 OLD CUTLER ROAD, SUITE 476 PALMETTO BAY, FL 33157 | Mailing Address 18001 OLD CUTLER ROAD, SUITE 476 PALMETTO BAY, FL 33157 |
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04122007No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 20-4767803 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MARIS PRENDES, STELLA 18001 OLD CUTLER ROAD, SUITE 476 PALMETTO BAY, FL 33157 |
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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 _____
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, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MARIS PRENDES, STELLA 18001 OLD CUTLER ROAD, SUITE 476 PALMETTO BAY, FL 33157 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PRENDES, ALEXANDER 18001 OLD CUTLER ROAD, SUITE 476 PALMETTO BAY, FL 33157 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PRENDES, ALEXANDER N 18001 OLD CUTLER ROAD, SUITE 476 PALMETTO BAY, FL 33157 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PRENDES, RYAN J 18001 OLD CUTLER ROAD, SUITE 476 PALMETTO BAY, FL 33157 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

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05/09/07-80119-013 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: Stella Prendes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/23/07 (706) 277-4721
Date Daytime Phone #