

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048838

FILED
Mar 29, 2007
Secretary of State

Entity Name: PRUDENTIAL HOLDINGS & INVESTMENTS, LLC

Current Principal Place of Business:

2159 BALSAN WAY
WELLINGTON, FL 33414

New Principal Place of Business:

2216 WIDENER TERRACE
WELLINGTON, FL 33414

Current Mailing Address:

2159 BALSAN WAY
WELLINGTON, FL 33414

New Mailing Address:

2216 WIDENER TERRACE
WELLINGTON, FL 33414

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, MUKAN
2159 BALSAN WAY
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

PATEL, MUKUND
2216 WIDENER TERRACE
WELLINGTON, FL 33414 US

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: MUKUND PATEL

03/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PRUDENTIAL CARE HOME, LTD
Address: 7/7A GRANT TERRACE
City-St-Zip: CASTLEWOOD LONDON, UK 00000

Title: MGRM () Delete
Name: PATEL, MUKAN
Address: 2159 BALSAN WAY
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: PATEL, MUKUND
Address: 2216 WIDENER TERRACE
City-St-Zip: WELLINGTON, FL 33414

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: MUKUND PATEL

PRES

03/29/2007

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