



8/27/2007-90122-021 \$55.00-\$55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

07 NOV 14 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000052444			
1. Entity Name PROSPECT INVESTMENTS, LLC			
Principal Place of Business C/O BARBARA BEHBAHANI 18206 TIVOLI LANE LUTZ, FL 33558		Mailing Address C/O BARBARA BEHBAHANI 18206 TIVOLI LANE LUTZ, FL 33558	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 06-1828671		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> LLC		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHUKU, JUSTICE 2206 THOMASVILLE ROAD TALLAHASSEE, FL 32308		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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAZARGAN, SADAF C/O 18206 TIVOLI LANE LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT			
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 808, Florida Statutes.			
SIGNATURE: 		8/22/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	