



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90186 048 \*\*\*\*50.00

|  |  |     |  |  |  |
|--|--|-----|--|--|--|
| <b>DOCUMENT # L06000054471</b>   |  |     |  |   |  |
| 1. Entity Name<br>PROSPERA INVESTMENTS LLC   |  |     |  |  |  |
| Principal Place of Business<br>20416 ORTEGA ST.<br>ORLANDO, FL 32833   |  |     | Mailing Address<br>20416 ORTEGA ST.<br>ORLANDO, FL 32833 |  |  |
| 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<br><b>20-4930101</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |     |  | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br>KIM, YONG M<br>20416 ORTEGA ST.<br>ORLANDO, FL 32833  |  |     |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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<br>Due by May 1, 2007  |  |     | Make check payable to<br>Florida Department of State     |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |     | 10. ADDITIONS/CHANGES                                    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P.<br>Yong M. Kim<br>20416 Ortega St.<br>Orlando, FL 32833 <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| 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:    |  |     | Yong M. Kim<br>pres. 2/5/07 407-409-4662                 |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |     | Date Daytime Phone #                                     |  |  |