


2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000054471		
1. Entity Name PROSPERA INVESTMENTS LLC		


Principal Place of Business 20416 ORTEGA ST. ORLANDO, FL 32833	Mailing Address 20416 ORTEGA ST. ORLANDO, FL 32833
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 7130 ORANGE BLOSSOM TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 210
City & State	City & State ORLANDO, FL
Zip	Country
32809	USA

FILED

07 OCT -5 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09202007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4930101	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KIM, YONG M 20416 ORTEGA ST. ORLANDO, FL 32833	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE _____

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIM, YANG M 20416 ORTEGA ST ORLANDO, FL 32833 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KIM, YONG M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUACH, KIM C. 4506 ROSETREE CT. ORLANDO, FL 32837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400110519234 10/09/07--01018--010 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 - President KIM C. QUACH - Manager 09/21/07 407-625-7008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #