2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT: # L06000094674

1. Entity Name

PROSPERITAS OF FLORIDA, LLC



FILED
Jan 10, 2008 08:00 AN
Secretary of State

Principal Place of Business

C/O ROBERT L. WHITE, III 3033 RIVIERA DRIVE, SUITE 107 NAPLES, FL 34103 Mailing Address

C/O ROBERT L. WHITE, III 3033 RIVIERA DRIVE, SUITE 107 NAPLES, FL 34103



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5679050

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

Fee Require

6. Name and Address of Current Registered Agent

VOLPE, MICHAEL J C/O ROBINS, KAPLAN, MILLER & CIRESI LLP 711 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102

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8. The above named entity submits this statement for the purpose of changing its registered office of	r registered agent, or both, in the State of Florida.	I am familiar with, and accept
the obligations of registered agent.	•	

SIGNIATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOWIN FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000778335 01/10/08-80040-016 138.79

MANAGING MEMBERS/MANAGERS MGD TITLE NAME WHITE, ROBERT L MR 3033 RIVIERA DR., SUITE 107 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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 containing trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

JRE: How & D. Wate SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESEI 1/7/08 (239) 384.501