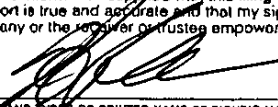
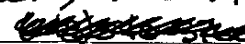


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

08 JUL 17 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000094674			
1. Entity Name PROSPERITAS OF FLORIDA, LLC			
Principal Place of Business C/O ROBERT L. WHITE, III DELETE 3033 RIVIERA DRIVE, SUITE 107 NAPLES, FL 34103		Mailing Address C/O ROBERT L. WHITE, III DELETE 3033 RIVIERA DRIVE, SUITE 107 NAPLES, FL 34103	
2. Principal Place of Business - No P.O. Box # 3033 Riviera Drive		3. Mailing Address 3033 Riviera Drive	
Suite, Apt. #, etc. Suite 107		Suite, Apt. #, etc. Suite 107	
City & State Naples, Florida		City & State Naples, Florida	
Zip 34103	Country USA	Zip 34103	Country USA
4. FEI Number 20-5679050		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
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		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 Signature, typed or printed name of registered agent and title if applicable.		DATE	
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGD WHITE, ROBERT L MR 3033 RIVIERA DR., SUITE 107 NAPLES, FL 34103 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Manager Harry Cendrowski 3033 Riviera Drive, Suite 107 Naples, Florida 34103 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	800133143338 07/18/08--01044--013 **50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: 		(817) 540-5777 7.3.08 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	