


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

2/2

02-05-2007 90201 018 ****50.00

DOCUMENT # L06000100642					
1. Entry Name USA BEST REALTY, PRESTIGE LLC					
Principal Place of Business 9496 LAGO DRIVE BOYNTON BEACH, FL 33437			Mailing Address 9496 LAGO DRIVE BOYNTON BEACH, FL 33437		
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 41-2228520	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MACHADO, LUIZ F 9496 LAGO DRIVE BOYNTON BEACH, FL 33437			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 <u>LUIZ FERNANDO MACHADO</u> <i>LFM</i> <u>02/01/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACHADO, LUIZ F 9496 LAGO DRIVE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, GUILLERMO 141 GREENBRIER DRIVE PALM SPRINGS, FL 33461	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>LUIZ FERNANDO MACHADO</u> <i>LFM</i> <u>02/01/07</u> <u>561-762-3258</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

ATTACHMENT

February 01, 2007

30001485
#L0608010642

DBPR
1940 NORTH MONROE STREET
TALAHASSEE, FL 32399-0783

RE: APPLICATION NO. 74593, PROFESSION 2502

I AM SENDING THE COPY OF THE 2006 ANNUAL REPORT FOR USA BEST
REALTY PRESTIGE WITH GUILLERMO LOPEZ RESIGNATION AS REQUESTED
IN THE ATTACHED LETTER.

REGARDS,

LUIZ MACHADO

CELL: 561-762-3258



ATTACHMENT
30001485
#FLO000100642
STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
Jeb Bush, Governor
Simone Marsteller, Secretary



OCTOBER 27, 2006

USA BEST REALTY PRESTIGE
9496 LAGO DRIVE
BOYNTON BEACH, FL 33426

RE: FLORIDA REAL ESTATE COMMISSION
APPLICATION NO. 74593, PROFESSION 2502

TO WHOM IT MAY CONCERN:

YOUR APPLICATION WAS RECEIVED ON OCTOBER 16, 2006 BY THE DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION.

YOUR APPLICATION CANNOT BE APPROVED FOR THE FOLLOWING REASON(S):

REVISE OFFICERS AND DIRECTORS FORM (0040) TO INCLUDE ALL OFFICERS, DIRECTORS AND SHAREHOLDERS. ALSO INCLUDE THE PERCENTAGE OF OWNERSHIP FOR THE CORPORATION. THE PERCENTAGE OF OWNERSHIP MUST EQUAL 100%.

OUR RECORDS INDICATE THAT GUILLERMO LOPEZ IS A LICENSED SALES ASSOCIATE. A SALES ASSOCIATE CANNOT HOLD AN OFFICE IN A REAL ESTATE CORPORATION. HOWEVER, A SALES ASSOCIATE CAN BE A SHAREHOLDER. PLEASE SUBMIT A LETTER OF HIS/HER RESIGNATION FROM THE MANAGER POSITION AND UPDATE YOUR REGISTRATION WITH THE DIVISION OF CORPORATIONS TO DELETE HIS/HER NAME. IF HE/SHE IS NOT THE SAME PERSON PLEASE PROVIDE US WITH THE COMPLETE NAME AND DATE OF BIRTH TOGETHER WITH A COPY OF HIS/HER DRIVER'S LICENSE.

THIS INFORMATION IS NEEDED TO COMPLETE YOUR APPLICATION. NO FURTHER ACTION WILL BE TAKEN ON YOUR APPLICATION UNTIL ALL INFORMATION IS RECEIVED. WHEN CORRESPONDING WITH OUR OFFICES PLEASE QUOTE APPLICATION NO. 74593.

ALL CORRESPONDENCE MUST BE RETURNED TO THE ADDRESS BELOW.

THANK YOU FOR YOUR COOPERATION. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE NUMBER BELOW.
KEM

ATTACHMENT

DBPR 0040-1 - Officers and Directors

Florida's Future...

DBPR

Right Here,
Right Now.

STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

NOTE - This form must be submitted as part of an
application packet

Please provide information on the partners, managers, officers, or directors for your business entity below.

ORGANIZATION NAME	
Name of Organization	USA BEST REALTY PRESTIGE
Trade Name	

LIMITED LIABILITY CORPORATION QUESTIONS	
If your corporation is a limited liability corporation (LLC), is the corporation member managed or manager managed? You can check your Articles of Incorporation for this information.	
Member Managed	<input checked="" type="checkbox"/> Manager Managed <input type="checkbox"/>
If you are a member managed LLC, list below all members. If you are a manager managed LLC, list below all managers.	

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
MACHADO	LUIZ	FERNANDO		
Office Held	Percentage of Ownership	Active	Non-Active	
MGEM	100%	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RESIDENCE ADDRESS				
Street Address or P.O. Box				
9496 LAGO DR				
City		State	Zip Code (+4 optional)	
BOYNTON BEACH		FL	33437	
County (if Florida address)		Country		
PALM BEACH		USA		

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	Percentage of Ownership	Active	Non-Active	
		<input type="checkbox"/>	<input type="checkbox"/>	
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		