

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000102741

FILED
May 18, 2007
Secretary of State**Entity Name:** PRESTIGE GUARANTEED REALTY, LLC**Current Principal Place of Business:**10039 UNIVERSITY BLVD
ORLANDO, FL 32817**New Principal Place of Business:****Current Mailing Address:**10039 UNIVERSITY BLVD
ORLANDO, FL 32817**New Mailing Address:****FEI Number:** 20-5865257**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KNOWLES, KEVIN Z
3203 CURVING OAKS WAY
ORLANDO, FL 32820 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: RODRIGUEZ, MARIA DE JESUS
Address: 1011 BRIELLE AVE
City-St-Zip: OVIEDO, FL 32765**Title:** MGRM () Delete
Name: BLANCO, MIRYAM C
Address: 2056 CASCADES COVE DRIVE
City-St-Zip: ORLANDO, FL 32820**Title:** MGRM () Delete
Name: KNOWLES, HEATHER F
Address: 3203 CURVING OAKS WAY
City-St-Zip: ORLANDO, FL 32820**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: LEHMAN, VIVIAN V
Address: 1718 IVERNESS CT
City-St-Zip: LONGWOOD, FL 32779**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN Z. KNOWLES

MGR

05/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date