

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104469

FILED
Jan 11, 2007
Secretary of State

Entity Name: 904 PROSPERITY FARMS ROAD, LLC

Current Principal Place of Business:

904 PROSPERITY FARMS ROAD
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

904 PROSPERITY FARMS ROAD
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

FEI Number: 20-5782340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALOGH, LINDA
904 PROSPERITY FARMS ROAD
NORTH PALM BEACH, FL 33408 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: MGR () Delete
Name: BALOGH, STEVEN L
Address: 904 PROSPERITY FARMS ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: MGR () Delete
Name: BALOGH, LINDA
Address: 904 PROSPERITY FARMS ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: MGR () Delete
Name: ROESCH, TODD
Address: 7010 BARBOUR ROAD
City-St-Zip: WEST PALM BEACH, FL 33407 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: LINDA A BALOGH

SECT

01/11/2007

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