

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L07000009207

1. Entity Name  
PRESTIGE INVESTMENT PROPERTIES, LLC



FILED

08 AUG -4 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
525 CARSWELL AVENUE  
SUITE 0  
HOLLY HILL, FL 32117

Mailing Address  
525 CARSWELL AVENUE  
SUITE 0  
HOLLY HILL, FL 32117

2. Principal Place of Business - No P.O. Box #  
100 Fox Fire Cr.  
Suite, Apt. #, etc.

3. Mailing Address  
100 Fox Fire Cr.  
Suite, Apt. #, etc.

City & State  
Daytona Beach FL

City & State  
Daytona Beach FL

4. FEI Number  
20-8310635

Applied For  
Not Applicable

Zip Country  
32114 US

Zip Country  
32114 US

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIELSEN, DONALD C  
525 CARSWELL AVENUE  
SUITE 0  
HOLLY HILL, FL 32117

Name

Street Address (P.O. Box Number is Not Acceptable)

100 Fox Fire Cr.

City

Daytona Beach

FL

Zip Code

32114

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM  
NIELSEN, DONALD C ☐ Delete  
STREET ADDRESS 100 FOX FIRE CIRCLE  
CITY- ST- ZIP DAYTONA BEACH, FL 32114

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 400133970924  
CITY- ST- ZIP 08/05/08--01007--007 \*\*50.00

TITLE NAME MGRM  
PRESTIGE REALTY ASSOCIATES, INC. ☒ Delete  
STREET ADDRESS P.O. BOX 2042  
CITY- ST- ZIP ORMOND BEACH, FL 32175

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME T  
NIELSEN, ERIK J ☒ Delete  
STREET ADDRESS 107 RIVIERA ESTATES BLVD.  
CITY- ST- ZIP ORMOND BEACH, FL 32174

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-29-08