

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026388

FILED
May 01, 2008
Secretary of State

Entity Name: PRESTIGE CORPORATE HEADQUARTERS - OCOEE, LLC

Current Principal Place of Business:

7228-C WESTPORT PLACE
WEST PALM BEACH, FL 33413

New Principal Place of Business:

Current Mailing Address:

7228-C WESTPORT PLACE
WEST PALM BEACH, FL 33413

New Mailing Address:

15085 80TH LANE, N
LOXAHATCHEE, FL 33470

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MAHONEY, BRIAN
7228-C WESTPORT PLACE
WEST PALM BEACH, FL 33413 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: MAHONEY, BRIAN
Address: 7228-C WESTPORT PLACE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: SEC () Delete
Name: D'AUSILIO, PATTI-LEE
Address: 7228-C WESTPORT PLACE
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES:

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

Title: SEC (X) Change () Addition
Name: D'AUSILIO, PATTI-LEE
Address: 15085 80TH LANE, N
City-St-Zip: LOXHATCHEE, FL 33470

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: BRIAN MAHONEY

MGRM

05/01/2008

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