

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065247

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: PROSPERITAS FINANCIAL ADVISORS, LLC

## Current Principal Place of Business:

C/O ROBERT L. WHITE, III  
3033 RIVIERA DRIVE, SUITE 107  
NAPLES, FL 34103

## New Principal Place of Business:

C/O GREGG R FORTUNE  
6646 WILLOW PARK UNIT 4D  
NAPLES, FL 34109

## Current Mailing Address:

C/O ROBERT L. WHITE, III  
3033 RIVIERA DRIVE, SUITE 107  
NAPLES, FL 34103

## New Mailing Address:

C/O GREGG R FORTUNE  
6646 WILLOW PARK UNIT 4D  
NAPLES, FL 34109

FEI Number: 41-0719631

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FORTUNE, GREGG R  
3033 RIVERA DR 107  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

FORTUNE, GREGG R  
6646 WILLOW PARK  
UNIT 4D  
NAPLES, FL 34109 US

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: GREGG R FORTUNE

04/22/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete  
Name: FORTUNE, GREGG  
Address: 2033 RIVIERA DR STE 107  
City-St-Zip: NAPLES, FL 34103

## ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition  
Name: FORTUNE, GREGG  
Address: 6646 WILLOW PARK UNIT 4D  
City-St-Zip: NAPLES, FL 34109

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: GREGG R FORTUNE

MGR

04/22/2009

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