


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L07000097723</b> 1. Entity Name <b>PRESTIGE INVESTMENTS SOUTHEAST, LLC</b>	
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Principal Place of Business <b>2051 NW 109 AVE. PEMBROKE PINES, FL 33026</b>	Mailing Address <b>2051 NW 109 AVE. PEMBROKE PINES, FL 33026</b>
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**DO NOT WRITE IN THIS SPACE**



03032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-8875967</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**USA-RA, LLC  
873 WEST BAY DRIVE STE 105  
LARGO, FL 33770**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000936430  
05/27/08-80010-014 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COWART, THOMAS MICHAEL 2051 NW 109 AVE. PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COWART, BEVERLY B 2051 NW 109 AVE. PEMBROKE PINES, FL 33026
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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 808, Florida Statutes.

**SIGNATURE:** Thomas Michael Cowart **04-24-08 (954) 430-1147**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #