2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# L08000074850

Entity Name: PROMINENT PAVERS PLUS, LLC

Current Principal Place of Business:

4206 MAYFAIR LANE
PORT ORANGE, FL 32129

New Principal Place of Business:

3460 SADDLEBACK CT.
PORT ORANGE, FL 32129

Current Mailing Address:

4206 MAYFAIR LANE
PORT ORANGE, FL 32129

New Mailing Address:

3460 SADDLEBACK CT.
PORT ORANGE, FL 32129

FEI Number: 26-3291176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALLIDAY, ANGELA A
4206 MAYFAIR LANE
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

FRASER, SHIRLEY L PSTD
3460 SADDLEBACK CT.
PORT ORANGE, FL 32129 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: SHIRLEY FRASER 01/27/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HALLIDAY, ANGELA A
Address: 4206 MAYFAIR LANE
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR ( ) Delete
Name: FRASER, SHIRLEY L
Address: 3460 SADDLEBACK COURT
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FRASER, SHIRLEY L
Address: 3460 SADDLEBACK CT.
City-St-Zip: PORT ORANGE, FL 32129

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

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: SHIRLEY FRASER MGR 01/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date