

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000078363

FILED
Feb 10, 2009
Secretary of State**Entity Name:** PRESTWICK PROPERTIES LLC**Current Principal Place of Business:**738 RUGBY STREET
ORLANDO, FL 32804**New Principal Place of Business:****Current Mailing Address:**738 RUGBY STREET
ORLANDO, FL 32804**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROUHIER, CRAIG
738 RUGBY STREET
ORLANDO, FL 32804 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: ROUHIER, CRAIG F
Address: 405 CINNAMON OAK CT
City-St-Zip: LAKE MARY, FL 32746Title: MGRM () Delete
Name: SANDERLIN, JO ANNE
Address: 420 PAWNEE TRAIL
City-St-Zip: MAITLAND, FL 32751Title: MGRM (X) Delete
Name: BROADARROW GROUP, LL, C
Address: 405 CINNAMON OAK CT
City-St-Zip: LAKE MARY, FL 32746Title: MGRM (X) Delete
Name: BLACK ACES GROUP, LL, C
Address: 1821 WINGFIELD DR.
City-St-Zip: LONGWOOD, FL 32779Title: MGRM (X) Delete
Name: HOWBERN, LLC,
Address: 738 RUGBY ST
City-St-Zip: ORLANDO, FL 32804**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
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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: CRAIG ROUHIER

MGRM

02/10/2009

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