

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90152 029 *****50.00

DOCUMENT # L98000001949

1. Entity Name

PREFERRED REALTY GROUP, L.C.



Principal Place of Business

12709 TAMiami TRAIL EAST
NAPLES FL 34113
US

Mailing Address

12709 TAMiami TRAIL EAST
NAPLES FL 34113
US

2. Principal Place of Business - No P.O. Box #

8821 TAMiami TR. EAST

Suite, Apt. #, etc.

3. Mailing Address

8821 TAMiami TR. EAST

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES, FL

Zip

34113

Country

COLLIER

Zip

34113

Country

COLLIER

1st MOORE

CR2E083 (10/06)

4. FEI Number

59-3533041

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAFFEI, FRANK A
142 LA PENINSULA BLVD
NAPLES FL 34113

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 of person who is registered agent (and also if applicable)

(NOTE: Registered Agent Signature is required when re-registering)

DATE

2-20-2007

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MAFFEI, FRANK A
STREET ADDRESS 142 LA PENINSULA BOULEVARD
CITY ST ZIP NAPLES FL 34113

TITLE MGRM ☐ Delete
NAME GOGGIN, GAIL L
STREET ADDRESS P.O. BOX 426
CITY ST ZIP NAPLES FL 34106

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/20/07

239-270-8822