

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000001274	
1. Entity Name PROSPERITY XENA PARTNERS, LLC	

Principal Place of Business 2821 NE 59TH ST. FT LAUDERDALE, FL 33308	Mailing Address 2821 NE 59TH ST. FT LAUDERDALE, FL 33308
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DO NOT WRITE IN THIS SPACE



04282004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0416900	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent LEISMAN, MARY ANN 2821 NE 59TH ST FT LAUDERDALE, FL 33308	DO NOT WRITE IN THIS SPACE
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7. 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 file if applicable. (NOTE: Registered Agent signature required when reinstating)) **DATE** _____

**Filing Fee is \$50.00
Due by May 1, 2004**

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLDEN, SUSAN 1126 SE 7TH ST. FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEISMAN, MARY ANN 2821 NE 59TH ST. FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CEMIZZI, KATE 26 W BROOKSIDE AVE ANSONIA, CT 06401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/04/04-80017-006 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 605, Florida Statutes.

SIGNATURE: Mary Ann Leisman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **Date** _____ **Daytime Phone #** _____