


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90037 027 ****50.00

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



04292005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 03-0416900	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. 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 <i>Camizzi, Kate</i> 26 W BROOKSIDE AVE ANSONIA, CT 06401
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mary Ann Leisman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #