


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M05000002213</b> 1. Entity Name PRP FLORIDA, LLC	
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Principal Place of Business ATTN: BRYAN J. CHANDLER 600 EAST 96TH STREET, SUITE 590 INDIANAPOLIS, IN 46240	Mailing Address ATTN: BRYAN J. CHANDLER 600 EAST 96TH STREET, SUITE 590 INDIANAPOLIS, IN 46240
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**DO NOT WRITE IN THIS SPACE**



04092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2732749	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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

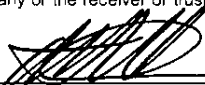
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHANLDER, BRYAN 600 E. 96TH STREET, SUITE 590 INDIANAPOLIS, IN 46240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOULD, JEFFREY 600 E. 96TH STREET, SUITE 590 INDIANAPOLIS, IN 46240
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U000000947877  
06/02/08-80032-017 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

4/9/08 (317) 218-2100  
Date Daytime Phone #