

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90029 039 ****55.00

DOCUMENT # M06000004274

1. Entity Name

PRAIRIE ROSE ENTERPRISES, LLC



Principal Place of Business

Mailing Address

101 CONVENTION CENTER DRIVE, SUITE 70
LAS VEGAS NV 89109

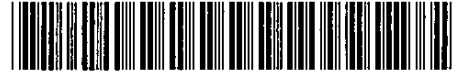
101 CONVENTION CENTER DRIVE, SUITE 70
LAS VEGAS NV 89109

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

3. Mailing Address

252 Georgetown-Denver Road
Suite, Apt. #, etc.

252 Georgetown-Denver Road
Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/06)

City & State

City & State

Georgetown, FL

Georgetown, FL

4. FEI Number

20-5111621

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

Zip Country

32139-2601 45A

Zip Country

32139-2601 45A

usa

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, ANN L
252 GEORGETOWN-DENVER ROAD
GEORGETOWN FL 32139-0403- 2601

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

Ann L Brown

Signature of typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when registering)

4-27-07

Date

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGR
BROWN, A.
252 GEORGETOWN-DENVER ROAD
GEORGETOWN FL 32139-0403- 2601

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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:

A. Brown, Mgr.

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

4-20-07 386-698-1007

Date

Daytime Phone #