


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90045 031 ***138.75

DOCUMENT # M07000005553	
1. Entity Name PREFERRED UNLIMITED OF CORKSCREW, LLC	

Principal Place of Business 21751 CORKSCREW ROAD ESTERO, FL 33928	Mailing Address 21751 CORKSCREW ROAD ESTERO, FL 33928
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50009959



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0892797	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KORN, TYLER B ESQ. 5150 TAMiami TRAIL N. SUITE 302 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reselecting)</small>	DATE _____
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FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PREFERRED UNLIMITED, INC. 1001 E. HECTOR STREET, SUITE 100 CONSHOHOCKEN, PA 19428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Charles Houder, VP, Preferred Unlimited 484-684-1202
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>

ATTACHMENT

50009959

Alena D. Whitehead
Direct Dial: (610) 941-2538
Direct Fax: (610) 684-2040
Email: awhitehead@kaplaw.com
www.kaplaw.com

August 25, 2008

VIA CERTIFIED MAIL
Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

RE: Preferred Unlimited of Corkscrew, LLC
Document No: M07000005553

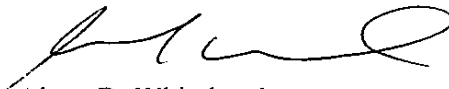
Dear Madam/Sir:

Enclosed please find a 2008 Limited Liability Company Annual Report for Preferred Unlimited of Corkscrew, LLC, together with a check in the amount of \$138.75, payable to the Florida Department of State, representing payment for the same. Please file the enclosed Annual Report and forward confirmation of the same to my attention.

Please contact me should you have any concerns regarding this matter.

Thank you.

Sincerely,



Alena D. Whitehead
Paralegal

ADW:mys
Enclosures