

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014281

FILED
Apr 30, 2004
Secretary of State

Entity Name: PRICE INVESTMENT ENTERPRISES, LLC

Current Principal Place of Business:

C/O ANDREW PRICE
44 MOSS GLEN LANE
SOUTH BURLINGTON, VT 05403

New Principal Place of Business:

Current Mailing Address:

C/O ANDREW PRICE
44 MOSS GLEN LANE
SOUTH BURLINGTON, VT 05403

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CLASP INC.
3001 TAMIAMI TRAIL NORTH, 4TH FLOOR
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PRICE, ANDREW
Address: 44 MOSS GLEN LANE
City-St-Zip: SOUTH BURLINGTON, VT 05403

Title: MGR () Delete
Name: PRICE, JANE F
Address: 12411 LAKEWOOD CT.
City-St-Zip: FORT MYERS, FL 33908

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: PRICE, JEFFREY
Address: 709 FOREST GROVE ROAD
City-St-Zip: NEWTON, PA 18940

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JEFFREY PRICE MGR 04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date