

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000040029

FILED
Sep 15, 2006
Secretary of State**Entity Name:** PRIME GROUP DEVELOPERS LLC**Current Principal Place of Business:**16375 NORTHEAST 18TH AVENUE
SUITE 322
NORTH MIAMI BEACH, FL 33162 US**New Principal Place of Business:****Current Mailing Address:**16375 NE 18 AVE.,
322
MIAMI, FL 33162**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:**SAFDIE, JOSE
16375 NORTHEAST 18TH AVENUE
SUITE 322
NORTH MIAMI BEACH, FL 33162 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/MANAGERS:**Title:** MGRM () Delete
Name: SAFDIE, JOSE
Address: 16375 NW 18TH ST STE. 322
City-St-Zip: MIAMI, FL 33126 US**Title:** MGRM (X) Delete
Name: GONZALEZ, DOLIA
Address: 16375 NORTHEAST 18TH AVENUE #322
City-St-Zip: MIAMI, FL 33162 US**Title:** MGR () Delete
Name: DICHI, DAVID
Address: 16375 NE 18 ST #322
City-St-Zip: N. MIAMI DEACH, FL 33160 US**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOSE SAFDIE MGRM 09/15/2006

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