

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011141

1. Entity Name
PRIME INVESTMENTS, LLC

FILED

02 OCT 14 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
16650 WEST DOGE HWY.
NORTH MIAMI BEACH FL 33161

Mailing Address
16650 WEST DOGE HWY.
NORTH MIAMI BEACH FL 33161

2. Principal Place of Business
1111 KANE CONCOURSE
Suite, Apt. #, etc.
#301

3. Mailing Address
P.O. BOX 402401
Suite, Apt. #, etc.
MIAMI BEACH, FL.

City & State
BAY HARBOR, FL.

City & State

4. FEI Number
APPLIED FOR
65-1039555

Applied For
Not Applicable

Zip
33154 Country
U.S.A.

Zip
33140 Country
U.S.A.

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name
PROPERTY MANAGEMENT
Street Address (P.O. Box Number is Not Acceptable)
1111 KANE CONCOURSE #301
City
BAY HARBOR, FL Zip Code
33154

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 OF MANAGEMENT

DATE
11/18/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORDECAI SHAWLSON 1111 KANE CONCOURSE, #301 BAY HARBOR FL 33154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR A. Shawlson 1111 KANE CONCOURSE #301 BAY HARBOR, FL. 33154 <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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CR2E083 (4/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 OF REGISTERED AGENT

DATE
11/18/02 (305) 864-9191