20G5 LIMITED LIABILITY COMPANY REINSTATEMENT

	REINSTA		4.0 8 -1				
DOCUMENT # L0000013509  1. Entity Name PRIME INVEST, LLC				Ny	SECRETARY OF ST.	n O	
Principal Place of Business 360 SOUTH SHORE DR SARASOTA, FL 34234		Mailing Address 12260 WILLOW GROVE RI BLDG #2 CAMDEN, DE 19934	) % **			!!! ( <b>50</b> )	
2. Principal Place of Business		3. Mailing Address					
SUITE 401 — 302 REGENT STREET		1220 N. Marke	et St.	01102005 REIN-LLC	CR2E101 (6/04)		
LONDON -		Suite 804 ———		4. FEI Number		ed For	
— W1H 3BB —		Wilmington, DE		NOT APPLICABLE		pplicable	
UNITED KINGDOM		19801, USA		5. Certificate of Status Desired	55.00 Addition	nal	
6. Name and Address of Current Registered Agent			N	7. Name and Address of New			
360 SOUT SARASOT	R, W. RICK H SHORE DRIVE A, FL 34234  named entity submits this statement for registered agent.	the purpose of changing its req	1333 N	a Filing & Search Ser North Duval Street assee, FL 32303 ered agent, or both, in the State of	FL Zip Code	d accept	
SIGNATURE	VI Hody	Prendit			1/20/05		
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	egistered Agent signature req	ulred when reinstating)	DATE		
FILE	NOW!!! FEE IS \$200.00	:			ake check payable to da Department of State		
9.	MANAGING MEMBER		10.	ADDITION	S/CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	MGR RAYNER, CRAIG A ANNESLEY HOUSE, RECTORY CHELMSFORD ESSEX, UK,	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change C	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAYNER, SYLVIA G ANNESLEY HOUSE, RECTORY CHELMSFORD ESSEX, UK,	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZEP	000045		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change [	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Oelete S	CITY-ST-ZIP	NT 2004-2	2005 Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6×	☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change ☐	Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: U. K. C. SIGNATURE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Oale Daylure Phone of							



## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303 PHONE: (800) 435-9371 FAX: (866) 860-8395

DATE: 01-26-05		
NAME:PRIME INVEST LLC		מילים מילים מילים מילים
TYPE OF FILING: REINSTATEMENT		NEON SENT
COST: \$200	Bt	ANIO: 18
RETURN:		
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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE

OS JAN 26 AH II: 15
SECRETARY OF STATE