2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000013509



FILED Apr 27, 2006 8:00 am Secretary of State

PRIME INVEST, LLC						04-27-2006 90128 001 ***350.00				
Principal Place of Business 302 REGENT STREET, SUITE 401 LONDON W1H 3BB UNITED KINGDOM,			Mailing Address 1220 N. MARKET STREET, SUITE 804 WILMINGTON, DE 19801			08626 			150 1 fil 1 90 1	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262006	Chg-LLC	CR2E0	83 (11/05)			
City & State		City & State		4. FEI Numb NOT AF	PPLICABLE		<u> </u>	plied For of Applicable		
Zip		Country	Zip	Coun	try	5. Certificate	of Status Desired		\$5.00 Add Fee Required	
	6. Name	and Address of Current R	tegistered Agent			7. Name and	Address of New R	egistered /	Agent	
					Name					
FLORIDA FILING & SEARCH SERVICES 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303					Street Address (P.O. Box Number is Not Acceptable)					
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					City			FL	Zip Code	9
8. The above the obligat	named entity tions of regist	y submits this statement for ered agent.	the purpose of changing its	register	ed office or registe	red agent, or bo	oth, in the State of Flo	orida. 1 am	familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	: Registere	d Agent signature require	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006								e check p ı Departm	ayable to ent of State	9
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGR		☐ Delete	TITLE	£		•		☐ Change	Addition
NAME	RAYNER,	CRAIG A		NAM	E				_ •	
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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.

CITY-ST-ZIP

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SIC	FANG	TURI	E:	

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

302-421-5750

Daytime Phone #