



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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<b>DOCUMENT # L00000013509</b> 1. Entity Name <b>PRIME INVEST, LLC</b>					
Principal Place of Business <b>302 REGENT STREET, SUITE 401 LONDON W1H 3BB UNITED KINGDOM,</b>			Mailing Address <b>1220 N. MARKET STREET, SUITE 804 WILMINGTON, DE 19801</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04272007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>FLORIDA FILING &amp; SEARCH SERVICES 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAYNER, CRAIG A ANNESLEY HOUSE, RECTORY ROAD, N. FAMBRIDGE CHELMSFORD ESSEX, UK,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Craig Rayner 16 Island View Avenue, Friars Cliff Christchurch, UK	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAYNER, SYLVIA G ANNESLEY HOUSE, RECTORY ROAD, N. FAMBRIDGE CHELMSFORD ESSEX, UK,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Sylvia Rayner 16 Island View Avenue Friars Cliff, Christchurch, UK	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	36/1		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500103902635 06/05/07--01015--008 **500.00	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			4/30/07 302-421-5750		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		