

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013509

1. Entity Name  
PRIME INVEST, LLC



FILED

03 MAY -7 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1591 E. ATLANTIC BLVD., SUITE 200  
POMPANO BEACH, FL 33060

Mailing Address  
1591 E. ATLANTIC BLVD., SUITE 200  
POMPANO BEACH, FL 33060

2. Principal Place of Business

3600 South Shore Drive  
Suite, Apt. #, etc.

3. Mailing Address

12260 Willow Grove Rd.  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Sarasota, FL

Zip

34234

Country

USA

City & State

Camden, DE

Zip

19934

Country

USA

4. FEI Number

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, W. RICK  
360 SOUTH SHORE DRIVE  
SARASOTA, FL 34234

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

100018315994  
07/03--01002--012 \*\*750.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME RAYNER, CRAIG A  
STREET ADDRESS ANNESLEY HOUSE, RECTORY ROAD, N. FAMBRIDGE  
CITY-ST-ZIP CHELMSFORD ESSEX, UK,

TITLE MGR ☐ Delete  
NAME RAYNER, SYLVIA G  
STREET ADDRESS ANNESLEY HOUSE, RECTORY ROAD, N. FAMBRIDGE  
CITY-ST-ZIP CHELMSFORD ESSEX, UK,

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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CITY-ST-ZIP

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: Sylvia G. Rayner

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

4-28-03

Date

302-698-0118

Daytime Phone #

CR2E083 (10/02)