

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000004841

1. Entity Name

PRINCE ASSET MANAGEMENT, LLC



Principal Place of Business

4400 NORTH FEDERAL HIGHWAY, SUITE 210
BOCA RATON FL 33431

Mailing Address

4400 NORTH FEDERAL HIGHWAY, SUITE 210
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRINCE, ELAYNE
4400 NORTH FEDERAL HIGHWAY, SUITE 210
BOCA RATON FL 33431

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME PRINCE, ELAYNE
STREET ADDRESS 4400 NORTH FEDERAL HIGHWAY, SUITE 210
CITY- ST- ZIP BOCA RATON FL 33431

TITLE MGR ☐ Delete
NAME PRINCE, LAURA
STREET ADDRESS 160 E. 3RD STREET, APT. 3-J
CITY- ST- ZIP NEW YORK NY 10009

TITLE MGR ☐ Delete
NAME PRINCE KATZ, DEBRA LEE
STREET ADDRESS 55 VARDON ROAD
CITY- ST- ZIP W. HARTFORD CT 06117

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
U000000228704
02/14/05-80046-023 50.00

☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
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)(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:

ELAYNE PRINCE

Elayne Prince

2/10/05

561-394-8999

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

Date

Daytime Phone #