2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000004841

1. Entity Name
PRINCE ASSET MANAGEMENT, LLC

Principal Place of Business	Mailing Address
4400 NORTH FEDERAL HIGHWAY, SUITE 210 BOCA RATON, FL 33431	4400 NORTH FEDERAL HIGHWAY, SUITE 210 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

01052006No Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT 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

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000003388583
01/31/06-80003-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PRINCE, ELAYNE
STREET ADDRESS	4400 NORTH FEDERAL HIGHWAY, SUITE 210
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGR
NAME	PRINCE, LAURA
STREET ADDRESS	160 E. 3RD STREET, APT. 3-J
CITY-ST-ZIP	NEW YORK, NY 10009
TITLE	MGR
NAME	PRINCE KATZ, DEBRA LEE
STREET ADDRESS	55 VARDON ROAD
CITY-ST-ZIP	W. HARTFORD, CT 06117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 manager or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Elayne Prince, M.M. 1/17/06 561 994 8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #