

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90034 014 ****50.00

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 - No P.O. Box #

100 E Linton Blvd

Suite, Apt. #, etc.

503A

3. Mailing Address

100 E Linton Blvd

Suite, Apt. #, etc.

503A

City & State

DEIRAY Bch FL

City & State

DEIRAY Bch FL

Zip

33483

Country

PALM Bch

Zip

33483

Country

PALM Bch

1st MOORE

CR2E083 (10/06)

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, 2007**

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE

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

Date

Daytime Phone #

1/18/07 561 394 8999