## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L01000004841

## **FILED** Jul 28, 2008 8:00 am Secretary of State

07-28-2008 90074 039 \*\*\*138.75

1. Entity Nam PRINCE	ne ASSET MANAGEMENT, LL	NAME OF THE PARTY							
Principal Place of Business 100 E LINTON BLVD 503A DELRAY BEACH, FL 33483		Mailing Address  100 E LINTON BLVD  503A  DELRAY BEACH, FL 33483		60045762					
	Place of Business - No P.O. Box #	3. Mailing Address	463						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07152008	Chg-LLC	CR2E083 (12	2/06)		
City & State		City & State			4. FEI Numb	per PPLICABLE	<u> </u>	Applied For Not Applicat	ole
Zip	Country	Zip	Country		5. Certificate	e of Status Desired		O Additional equired	
	6. Name and Address of Current	Registered Agent				d Address of New R	egistered Agent		
PRINCE, E	ELAYNE			lame			1 <sub>m</sub>		
100 ELINTON BIVD - 503 A				olreet Address (i	P.O. Box Numi	ber is Not Acceptable	<del></del>		
DE	LRAY BEACK	FL, 33483	C	City City	<u>-</u>		FL Zip	Code	_
<ol><li>The above</li></ol>	named entity submits this statement for tions of registered agent.		registered o	office or register	ed agent, or b	oth, in the State of Flo	orida. I am familiar	with, and accep	ot .
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Age	ent signature required	when reinstating)	·	DATE		
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 6 liability company did no						1	e check payable a Department of		
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	CHANGES		
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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 received or in stee 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 #