



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90188 047 *****55.00

DOCUMENT # L01000015029					
1. Entity Name PRIMA GROUP ENTERPRISES, LLC					
Principal Place of Business % FREEDMAN & MCCLOSKEY, P.A. ONE EAST BROWARD BLVD., SUITE 700 FT. LAUDERDALE, FL 33301			Mailing Address % FREEDMAN & MCCLOSKEY, P.A. ONE EAST BROWARD BLVD., SUITE 700 FT. LAUDERDALE, FL 33301		
2. Principal Place of Business 1500 N.W. 118 th Ave		3. Mailing Address 1500 N.W. 118 th Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04082004 Chg-LLC CR2E083 (10/03)	
City & State Plantation		City & State Plantation		4. FEI Number 26-0009804	
Zip 33323		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCLOSKEY, REED B % FREEDMAN & MCCLOSKEY, P.A. ONE EAST BROWARD BLVD., SUITE 700 FT. LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1500 N.W. 118 th Ave City Plantation FL 33323		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRIMA GROUP TRADERS LTD(HONG KONG) 1 E. BROWARD BLVD STE 700 FORT LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exult Investment LTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 308 St James Court St Denis St Port Louis Republic of Mauritius	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					