2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002067

Entity Name: PRI ENTERPRISES LLC

City-St-Zip:

FLAGLER BEACH, FL 32136

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1613 OCEANSHORE BLVD FLAGLER BEACH, FL 321362903 **Current Mailing Address: New Mailing Address:** P.O. BOX 48974 TAMPA, FL 33647 US FEI Number: 02-0542514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VILLANOVA, LOUIS V P.O. BOX 48974 TAMPA, FL 33647 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition VILLANOVA, LOUIS Name: Name: Address: P.O. BOX 48974 Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: VILLANOVA, LILLIAN Name: Address: 1613 N OCEANSHORE BLVD Address: City-St-Zip: FLAGLER BEACH, FL 32136 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BISHOP, ALISON Name: Name: 1613 N OCEANSHORE BLVD Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

City-St-Zip:

SIGNATURE: LOUIS VILLANOVA CFO 01/04/2005