

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # 02060003820

1. Entity Name

PRIME INVESTMENTS OF NORTHWEST FLORIDA, L.L.C.



Principal Place of Business

4347 SUNSET BEACH BLVD.
NICEVILLE, FL 32578

Mailing Address

4347 SUNSET BEACH BLVD.
NICEVILLE, FL 32578

FILED
Apr 27, 2006 08:00 AM
Secretary of State



02222006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

02-0564615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VUCOVICH, HAROLD J
4347 SUNSET BEACH BLVD.
NICEVILLE, FL 32578

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME VUCOVICH, HAROLD J
STREET ADDRESS 4347 SUNSET BEACH BLVD
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE MGRM
NAME VUCOVICH, TODD F
STREET ADDRESS 4368 WILD BOAR RUN
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE MEM
NAME COLBERT, RICHARD M
STREET ADDRESS 4205 TRONJO ROAD
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE MEM
NAME FOX, THOMAS M
STREET ADDRESS 115 SUNSET COVE
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000538288
05/09/06-80053-002 50.00

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

SIGNATURE: *Harold J. Vucovich*

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

Date

Daytime Phone #

4-8-06