

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000003820

1. Entity Name
PRIME INVESTMENTS OF NORTHWEST FLORIDA, L.L.C.



Principal Place of Business Mailing Address
4347 SUNSET BEACH BLVD. 4347 SUNSET BEACH BLVD.
NICEVILLE, FL 32578 NICEVILLE, FL 32578



02092007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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 renewing) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

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

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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

3-3/07
Date Daytime Phone #