

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90290 013 ****50.00

DOCUMENT # L02000007891

1. Entity Name

PRIME VALUE PROPERTIES, LLC



Principal Place of Business

19900 HIGHLAND LAKES BLVD.
MIAMI FL 33179

Mailing Address

19900 HIGHLAND LAKES BLVD.
MIAMI FL 33179

2. Principal Place of Business

19090 W. DIXIE HWY

3. Mailing Address

18077 W. DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB #135

City & State

AVENTURA, FL.

City & State

AVENTURA, FL.

Zip

33180

Country

USA

Zip

33180

Country

USA



MOORE

CR2E083 (11/03)

4. FEI Number

02-0587637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIPSON, STUART A ESQ
16900 N.E. 19TH AVENUE
N. MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MURRAY, CHRIS
STREET ADDRESS 19900 HIGHLAND LAKES BLVD.
CITY-ST-ZIP MIAMI FL 33179

TITLE V ☐ Delete
NAME KEITH-MURRAY, MARK
STREET ADDRESS 11111 BISCAYNE BLVD., BLDG. 1, #900
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 18077 W. DIXIE HWY, PMB #135
CITY-ST-ZIP AVENTURA, FL. 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2/10/04

954-224-0588

Date

Daytime Phone #