2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L02000011647

Entity Name: PRIME DEBT SOFT LLC

Current Principal Place of Business:

15183 SUMMIT PLACE CIR
NAPLES, FL 34119 US

New Principal Place of Business:

4500 EXECUTIVE DR.
STE 210
NAPLES, FL 34119 US

Current Mailing Address:

15183 SUMMIT PLACE CIR
NAPLES, FL 34119 US

New Mailing Address:

4500 EXECUTIVE DR.
STE 210
NAPLES, FL 34119 US

FEI Number: 82-0545421 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VARNITSKI, MIKALAI M
15183 SUMMIT PLACE CIR
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

VARNITSKI, MIKALAI M
4500 EXECUTIVE DR.
STE 210
NAPLES, FL 34119 US

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: MIKALAI VARNITSKI 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: VARNITSKI, MIKALAI M
Address: 15183 SUMMIT PLACE CIR
City-St-Zip: NAPLES, FL 34119 US

Title: MGRM ( ) Delete
Name: PRATASENIA, YAUHENI U
Address: 15183 SUMMIT PLACE CIR
City-St-Zip: NAPLES, FL 34119 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VARNITSKI, MIKALAI M
Address: 4500 EXECUTIVE DR. STE 210
City-St-Zip: NAPLES, FL 34119 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: MIKALAI VARNITSKI MGRM 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date