

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90141 044 \*\*\*\*50.00

**DOCUMENT # L03000016803**

1. Entity Name  
**PRIMO INVESTORS, LLC**



Principal Place of Business  
**912 S. RIDGEWOOD AVE., STE. D  
DAYTONA BEACH, FL 32114**

Mailing Address  
**912 S. RIDGEWOOD AVE., STE. D  
DAYTONA BEACH, FL 32114**

2. Principal Place of Business  
**1515 Herbert Street**

3. Mailing Address  
**1515 Herbert Street**

Suite, Apt. #, etc.  
**Suite 213**

Suite, Apt. #, etc.  
**Suite 213**

City & State  
**Port Orange FL**

City & State  
**Port Orange FL**

Zip  
**32129-6105**

Country

Zip  
**32129-6105**

Country

02142006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-0207937**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**DUPONT, JEWITT J  
912 S. RIDGEWOOD AVE., STE. D  
DAYTONA BEACH, FL 32114**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1515 Herbert Street Suite 213**

City  
**Port Orange**

FL

Zip Code  
**32129**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-14-06**

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

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
**MGR** ☐ Delete  
NAME  
**DUPONT, HEWITT J**  
STREET ADDRESS  
**912 S RIDGEWOOD AVE STE D**  
CITY-ST-ZIP  
**DAYTONA BEACH, FL 32114**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1515 Herbert St Suite 213  
Port Orange FL 32129**

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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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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 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:

*[Signature]*  
**HEWITT J. DUPONT**

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

**2-14-06**

Date

**386.322.2425**

Daytime Phone #