

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90087 046 ****50.00

DOCUMENT # L03000021946

1. Entity Name
FLORIDA PRIME, LLC



Principal Place of Business
**15720 SW 191ST AVENUE
WILLISTON, FL 32696**

Mailing Address
**15720 SW 191ST AVENUE
WILLISTON, FL 32696**



04212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0052461

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, MARTY
101 SW 3RD STREET
OCALA, FL 34478**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOBBY, ROBERT 15720 SW 191ST AVENUE WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLIFT, ROBERT P.O. BOX 4006 3521 SLEEPY HOLLOW BLVD GRUVER, TX 79040 AMARILLO TX 79121
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KRUSE, BILL P.O. BOX 2405 361 WEST FORK, #1234 OCALA, FL 34478 IRVING TX 75039
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

William Kruse William Kruse member 4/20/05 817-371-9818