

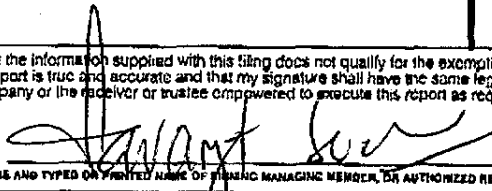
FROM :

FRX NO. : 4078314407

Apr. 26 2005 08:40PM P3

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000028008																																										
1. Entity Name PRIME EQUITIES, LLC																																										
Principal Place of Business 1779 EARHART COURT DAYTONA BEACH, FL 32128		Mailing Address 1779 EARHART COURT DAYTONA BEACH, FL 32128																																								
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent SODHI, BHUPINDER 1779 EARHART COURT DAYTONA BEACH, FL 32128		 04262005 No Chg-LLC CR2E083 (10/03) 4. FEI Number 61-1455264 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																								
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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 _____ (NOTE: Registered Agent signature required when relocating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable																																										
Filing Fee is \$50.00 Due by May 1, 2005																																										
9. MANAGING MEMBERS/MANAGERS <table border="1"> <tr> <td>TITLE</td> <td>P</td> </tr> <tr> <td>NAME</td> <td>SODHI, BHUPINDER</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1779 EARHART CT.</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>PORT ORANGE, FL 32128</td> </tr> <tr> <td>TITLE</td> <td>VP</td> </tr> <tr> <td>NAME</td> <td>SODHI, SARANJIT</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1779 EARHART CT.</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>PORT ORANGE, FL 32128</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table>		TITLE	P	NAME	SODHI, BHUPINDER	STREET ADDRESS	1779 EARHART CT.	CITY-STATE-ZIP	PORT ORANGE, FL 32128	TITLE	VP	NAME	SODHI, SARANJIT	STREET ADDRESS	1779 EARHART CT.	CITY-STATE-ZIP	PORT ORANGE, FL 32128	TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		U000000350227 05/02/05-80096-013 50.00 DO NOT WRITE IN THIS SPACE
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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:  04/26/05 (386) SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 304-9919																																										