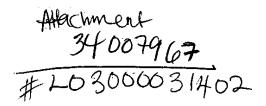
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Jun 01, 2004 8:00 am Secretary of State **DOCUMENT # L03000031402** 1. Faiity Name 04-26-2004 90061 002 \*\*\*\*50.00 PRIME DEVELOPMENT FLA LLC Principal Place of Business Mailing Address 99 TULIP AVE, STE 308 FLORAL PARK NY 11001 99 TÜLIP AVE, STE 308 FLORAL PARK NY 11001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) 4. FEI Number 20 - 0178755 City & State Applied For City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NATIONAL CORPORATE RESEARCH, LTD., INC. Street Address (P.O. Box Number is Not Acceptable) 103 N. MERIDIAN ST. TALLAHASSEE FL 32301 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 lamitiar with, and accept the obligations of registered agent. Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature 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 ADDITIONS/CHANGES MANAGING WEMBER TITLE Change ☐ Delete Addition NAME MANE STREET ADDRESS STREET ADDRESS SUITE BUS CHY-5T-7IP CITY-ST-ZIP TILE Delete Titl F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE City-St-7IP TITLE ☐ Detete TITLE . Change ☐ Addition MALES NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP ME Addition ☐ Delete TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. **SIGNATURE**

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED



To Whom It May Concern	To	Whom	It May	Concern
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Dear Madam or Sir,

We are returning our annual report with box 4 duly filled out. We are sorry for that error.

Kindly file our report with this corrected version.

Thank you so much

\_Prime Development Fla LLC \_\_\_\_\_