

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90155 047 \*\*\*\*55.00

<b>DOCUMENT # L03000039959</b>					
<b>1. Entity Name</b> PRIME FARE, LLC				<b>Principal Place of Business</b> 25335 MARSH LANDING PARKWAY PONTE VEDRA BEACH, FL 32082	
<b>Mailing Address</b> 25335 MARSH LANDING PARKWAY PONTE VEDRA BEACH, FL 32082				<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.	
<b>3. Mailing Address</b>  Suite, Apt. #, etc.				<b>City &amp; State</b>  City	
<b>Zip</b>  Country		<b>Zip</b>  Country		<b>4. FEI Number</b> 52-2405657	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  MALLORY GAYLE HOLM, P.A. 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reappointing) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 8, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGRM <input type="checkbox"/> Delete <b>NAME</b> BLACK, JOHN M <b>STREET ADDRESS</b> 25335 MARSH LANDING PARKWAY <b>CITY-ST-ZIP</b> PONTE VEDRA BEACH, FL 32082			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>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.</b>					
<b>SIGNATURE:</b> <i>John M. Black</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				<b>Date</b> 7/2/2004 <b>Daytime Phone #</b> 904.543.9634	

JOHN M. BLACK