
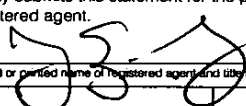
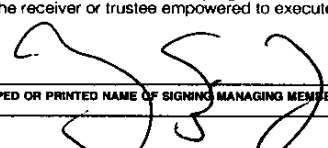


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90054 030 \*\*\*\*50.00

<b>DOCUMENT # L03000040029</b> 1. Entity Name <b>PRIME GROUP DEVELOPERS LLC</b>					
Principal Place of Business <b>3899 NW 7TH ST., STE. 203 MIAMI, FL 33126</b>			Mailing Address <b>16375 NE 18 AVE., #304 MIAMI, FL 33162</b>		
2. Principal Place of Business <b>16375 NE 18 TH</b> Suite, Apt. #, etc. <b>AVE # 304</b>		3. Mailing Address <b>16375</b> Suite, Apt. #, etc. <b>AVE # 304</b>			
City & State <b>N. MIAMI BEACH</b>		City & State <b>N. MIAMI BEACH</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>33162</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SAFDIE, JOSE</b> <b>3899 NW 7TH ST., STE. 203</b> <b>MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent Name <b>JOSE SAFDIE</b> Street Address (P.O. Box Number is Not Acceptable) <b>16375 NE 18 AVE</b> <b>#304</b> City <b>N. MIAMI BEACH FL</b> Zip Code <b>33162</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.					
SIGNATURE 				DATE <b>03/09/05</b>	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <b>MGR</b>	NAME <b>SAFDIE, JOSE</b>		TITLE <b>MGR</b>	NAME <b>DOLIA GONZALEZ</b>	
STREET ADDRESS <b>3899 NW 7TH ST., STE. 203</b>	CITY-ST-ZIP <b>MIAMI, FL 33126</b>		STREET ADDRESS <b>16375 NE 18TH AVE #304 (33162)</b>	CITY-ST-ZIP <b>N. MIAMI BEACH, FL</b>	
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>		TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>		TITLE <b>MGR</b>	NAME <b>DAVID DICHI</b>	
STREET ADDRESS <b>CITY-ST-ZIP</b>	TITLE <b>NAME</b>		STREET ADDRESS <b>19111 COLLINS AVE #2603</b>	CITY-ST-ZIP <b>SUNNY ISLES BEACH 33160, FL</b>	
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>		TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>		TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</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.					
SIGNATURE: 				DATE <b>03/09/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	