

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044106

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** PRIME CONSTRUCTION AND ARCHITECTURAL DESIGN LLC

**Current Principal Place of Business:**

995 NORTH MIAMI BEACH BLVD.  
SUITE 142  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

995 NORTH MIAMI BEACH BLVD.  
SUITE 142  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, RUBEN T  
166 NE 96TH STREET  
MIAMI SHORES, FL 33138 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: PRIME DEVELOPMENT AN, D CONSTRUCTION COMPANY  
Address: 995 NORTH MIAMI BEACH BLVD., SUITE 142  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR ( ) Delete  
Name: JJM3 CAD, INC.,  
Address: 2749 NE 25TH STREET  
City-St-Zip: LIGHT HOUSE POINT, FL 33064

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PIERRE ALMONOR

MGR

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date