


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90017 031 ****50.00

DOCUMENT # L03000046227 1. Entity Name PRIMEVIEWS PROPERTIES LLC	
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Principal Place of Business 9429 HARDING AVE., STE. 15 SURFSIDE, FL 33154	Mailing Address 9429 HARDING AVE., STE. 15 SURFSIDE, FL 33154
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20038170



04172006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-078 0065	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SALAZAR, LISETTE PIE M ESQ 260 CRANDON BLVD., SUITE 48 KEY BISCAYNE, FL 33149
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHLOSSBERG, GUSTAVO MIRKO 9429 HARDING AVE., STE. 15 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHLOSSBERG, EUGENIO 9429 HARDING AVE., STE. 15 SURFSIDE, FL 33154
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Guillermo Schlossberg* 4-19-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #