

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000046227**

1. Entity Name  
 PRIMEVIEWS PROPERTIES LLC



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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**DO NOT WRITE IN THIS SPACE**



02082008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0780065	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SALAZAR, LISETTE PIE M ESQ  
 260 CRANDON BLVD., SUITE 48  
 KEY BISCAYNE, FL 33149

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHLOSSBERG, GUSTAVO MIRKO
STREET ADDRESS	9429 HARDING AVE., STE. 15
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	MGR
NAME	SCHLOSSBERG, EUGENIO
STREET ADDRESS	9429 HARDING AVE., STE. 15
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000824240  
 02/20/08-80069-021 138.75

**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: Gustavo Schlossberg Date: 2-8-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #