2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90117 008 ****55.00

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1. Entity Name
PRIMIL ASSETS, LLC

Principal Place of Business	Mailing Address
1299 PLUMOSA DR. FORT MYERS, FL 33901	1299 PLUMOSA DR. FORT MYERS, FL 33901

02092004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0446378 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, T WAINWRIGHT 1299 PLUMOSA DR. FORT MYERS, FL 33901	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHN E. PRICE JR. TRUSTEE	NAME	
STREET ADDRESS	PO BOX 950	STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE, FL 34143	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MILLER, T. WAINWRIGHT	NAME	
STREET ADDRESS	1299 PLUMOSA DR.	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33901	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MILLER, MAVIS S	NAME	
STREET ADDRESS	1299 PLUMOSA DR.	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33901	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PRIDDY, RUSSELL A	NAME	
STREET ADDRESS	PO BOX 930	STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE, FL 34143	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PRIDDY, ALIESE P	NAME	
STREET ADDRESS	PO BOX 930	STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE, FL 34143	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: T. Wainwright Miller — 2/09/2004 — 239=334=4879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #