

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000051994 1. Entity Name PRIMIL ASSETS, LLC	
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Principal Place of Business 1299 PLUMOSA DR. FORT MYERS, FL 33901	Mailing Address 1299 PLUMOSA DR. FORT MYERS, FL 33901
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DO NOT WRITE IN THIS SPACE



03082008No Chg-LLC

CR2E083 (11/05)

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

**MILLER, T WAINWRIGHT
1299 PLUMOSA DR.
FORT MYERS, FL 33901**

**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**

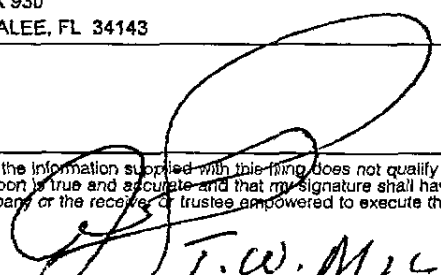
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHN E. PRICE JR. TRUSTEE PO BOX 950 IMMOKALEE, FL 34143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, T. WAINWRIGHT 1299 PLUMOSA DR. FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, MAVIS S 1299 PLUMOSA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

**DO NOT WRITE
IN THIS SPACE**

1000000490044
04/18/06-80039-021 55.00

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:


T.W. MILLER

3-27-06 239-334-48

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #