2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000051994

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

DO NOT WRITE IN THIS SPACE

03082006No 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	MGRM
NAME	JOHN E. PRICE JR. TRUSTEE
STREET ADDRESS	PO BOX 950
CITY-ST-ZIP	IMMOKALEE, FL 34143
TITLE	MGRM
NAME	MILLER, T. WAINWRIGHT
STREET ADDRESS	1299 PLUMOSA DR.
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	MGRM
NAME	MILLER, MAVIS S
STREET ADDRESS	1299 PLUMOSA DR.
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	MGRM
NAME	PRIDDY, RUSSELL A
STREET ADDRESS	PO BOX 930
CITY-ST-ZIP	IMMOKALEE, FL 34143
TITLE	MGRM
NAME	PRIDDY, ALIESE P
STREET ADDRESS	PO BOX 930
CITY-ST-ZIP	IMMOKALEE, FL 34143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000490044
04/18/06-80039-021 55.00

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: T.W. MILLER 3-27-06 239-334-4881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #