2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 31, 2005 8:00 am Secretary of State 04-25-2005 90095 039 ****50.00 DOCUMENT # L04000013761 1. Entity Name PRIME REAL ESTATE SOLUTIONS, LLC Principal Place of Business Malling Address 30008043 3511 WEST COMMERCIAL BLVD. 3511 WEST COMMERCIAL BLVD. SUITE 401 SUITE 401 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 35-222 5896 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GORDON, GLENN A Street Address (P.O. Box Number Is Not Acceptable) 3511 WEST COMMERCIAL BLVD. **SUITE 401** FORT LAUDERDALE, FL 33309 City 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 SIGNATURE Signature, typied or printed name of registered again and tible if applicable. INOTE: Repistered Agent stonature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES titi s MGR TITLE Change Addition HAME GORDON, GLENN A NAKE 3511WEST COMMERCIAL BLVD., SUITE 401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP ☐ Change TITLE Detetta TITLE ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11716 Delete TITLE ☐ Addition ☐ Change MMI NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Delete IIILE ☐ Addition Change NAME HALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE Ociate TITLE Channe Addition NAME MANIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE title ☐ Change ■ Addition Delete NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 Eablity company or the receiver or trustee empowered to execute this report is required by Clapter 508, Florida Statutes. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PROTED FLORING MANAGEM MANAGEM, OR AUTHORIZED REPRESENTATIVE Date Department of the contract of

FILED

6/ena A Gordon

SIGNATURE: AND TO