
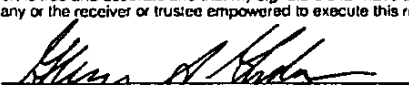


FILED
May 31, 2005 8:00 am
Secretary of State

04-25-2005 90095 039 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

| | | | |
|---|--|--|---|
| DOCUMENT # L04000013761 | |  | |
| 1. Entity Name PRIME REAL ESTATE SOLUTIONS, LLC | | | |
| Principal Place of Business 3511 WEST COMMERCIAL BLVD. SUITE 401 FORT LAUDERDALE, FL 33309 US | | Mailing Address 3511 WEST COMMERCIAL BLVD. SUITE 401 FORT LAUDERDALE, FL 33309 US | |
| 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 35-222-5896 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GORDON, GLENN A 3511 WEST COMMERCIAL BLVD. SUITE 401 FORT LAUDERDALE, FL 33309 | | 7. Name and Address of New Registered Agent 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____ | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR GORDON, GLENN A 3511 WEST COMMERCIAL BLVD., SUITE 401 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | Date: 4/15/05 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | |

Glenn A Gordon