

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018294

FILED  
Jun 28, 2005  
Secretary of State

Entity Name: THE PRIME DIRECTIVE, LLC

**Current Principal Place of Business:**

11304 LAKELAND CIR  
FORT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

11304 LAKELAND CIR  
FORT MYERS, FL 33913

**New Mailing Address:**

FEI Number: 20-0874957      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NEUMANN, WOLFGANG H  
11304 LAKELAND CIR  
FORT MYERS, FL 33913      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: NEUMANN, WOLFGANG H  
Address: 11304 LAKELAND CIR  
City-St-Zip: FORT MYERS, FL 33913

Title: MGRM      ( ) Delete  
Name: BATES, VIRGIL D  
Address: 826 MONTCLAIRE CT.  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WOLFGANG NEUMANN

CEO

06/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date