ANNUAL REPORT **FILED** Apr 26, 2005 8:00 am DOCUMENT # L04000018369 Secretary of State 1. Entity Name PRIME PROPERTIES, LLC 04-26-2005 90021 003 ****50.00 Principal Place of Business Mailing Address 1680 FRUITVILLE RD, SE 102 1680 FRUITVILLE RD, SE 102 SARASOTA, FL 34236 SARASOTA, FL 34236 MUUZIUZV 2. Principal Place of Business 3. Mailing Address Karen Neilinger Karen Neilinger Suite, Apt. #, etc. Suite, Apt. #, etc. 04202005 CR2E083 (10/03) Chg-LLC 125 Clapboard Ridge Road 125 Clapboard Ridge Road City & State City & State 4. FEI Number Applied For Greenwich, Greenwich Not Applicable 20-1257844 Zip Country \$5.00 Additional 5. Certificate of Status Desired 06830 06830 USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GATES, CHAD L Street Address (P.O. Box Number is Not Acceptable) 1680 FRUITVILLE RD, SE 102 SARASOTA, FL 34236 City 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) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State To the restriction of the co MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE Change MGRM ☐ Delete TITLE ☐ Addition NAME Karen Neilinger 125 Clapboard Ridge Road NAME STREET ADDRESS STREET ADDRESS Greenwich, CT 06830 CITY-ST-ZIP CfTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MGRM NAME Neal Neilinger NAME STREET ADDRESS STREET ADDRESS 125 Clapboard Ridge Road Greenwich, CT 06830 CITY-ST-ZIP CITY-ST-ZIP ΠLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-7IP CITY-ST-ZIP Addition ☐ Defete TITLE TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Celete TITLE ☐ Change Addition NAME NAME

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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

□ Delete

STREET ADDRESS

☐ Change

Addition

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE: 4/20/2005

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