2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018369

Entity Name: PRIME PROPERTIES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
C/O KAREN NEILINGER 125 CLAPBOARD RIDGE ROAD GREENWICH, CT 06830	C/O NEAL NEILINGER 125 CLAPBOARD RIDGE ROAD GREENWICH, CT 06830

Current Mailing Address:	**New Mailing Address:**
C/O KAREN NEILINGER 125 CLAPBOARD RIDGE ROAD GREENWICH, CT 06830	C/O NEAL NEILINGER 125 CLAPBOARD RIDGE ROAD GREENWICH, CT 06830

FEI Number: 20-1257844   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
GATES, CHAD L 1074 NORTH ORANGE AVE STE 102 SARASOTA, FL 34236 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: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	NEILINGER, KAREN	Name:	NEILINGER, NEAL
Address:	125 CLAPBOARD RIDGE ROAD	Address:	125 CLAPBOARD RIDGE ROAD
City-St-Zip:	GREENWICH, CT 06830	City-St-Zip:	GREENWICH, CT 06830
Title:	MGRM (X) Delete	Title:	( ) Change ( ) Addition
Name:	NEILINGER, NEAL	Name:	
Address:	125 CLAPBOARD RIDGE ROAD	Address:	
City-St-Zip:	GREENWICH, CT 06830	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: NEAL NEILINGER   MGRM   01/11/2008

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