

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022637

FILED
Jan 12, 2005
Secretary of State

Entity Name: PRIME GULF PROPERTIES LLC

Current Principal Place of Business:

833 W. TRENTON AVE.
SUITE #4
MORRISVILLE, PA 19067 US

New Principal Place of Business:

Current Mailing Address:

833 W. TRENTON AVE.
SUITE #4
MORRISVILLE, PA 19067 US

New Mailing Address:

FEI Number: 20-0912779 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM () Delete
Name: SCHAUTZ, JOHN L III
Address: 126 PONDEROSA DRIVE
City-St-Zip: HOLLAND, PA 18966 US

Title: MGRM () Delete
Name: DREYER, EDWARD F
Address: 437 GOLDEN GATE DRIVE
City-St-Zip: RICHBORO, PA 18954 US

Title: MGRM () Delete
Name: DAVIS, WAYNE A
Address: 2319 EAST VINE STREET
City-St-Zip: HATFIELD, PA 19440 US

ADDITIONS/CHANGES:

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

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: JOHN L. SCHAUTZ III

MGRM

01/12/2005

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