2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000023518

Entity Name: PRIMEVISION FACILITIES OF CUTLER CAY LLC

Current Principal Place of Business:

2685 EXECUTIVE PARK DR, STE 5
WESTON, FL 33331

New Principal Place of Business:

1485 NORTH PARK DRIVE
WESTON, FL 33326

Current Mailing Address:

2685 EXECUTIVE PARK DR, STE 5
WESTON, FL 33331

New Mailing Address:

1485 NORTH PARK DRIVE
WESTON, FL 33326

FEI Number: 90-0161864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WORKMAN, TOD
2685 EXECUTIVE PARK DR, STE 5
WESTON, FL 33331 US

Name and Address of New Registered Agent:

WORKMAN, TOD
761 HERITAGE WAY
WESTON, FL 33326 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: 04/29/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: PRIMEVISION FACILITI, ES MANAGEMENT O F CUTLE
Address: 1485 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

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: TOD WORKMAN MGRM 04/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date