2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 23, 2006 8:00 am Secretary of State

DOCUMENT # L04000039737 1. Entity Name PRIMEDEL, LLC					03-23-2006 90260 033 ****50.00		
Principal Place 7740 SW 104 SUITE NO. 20 MIAMI, FL 33	ITH STREET 10	Mailing Address 7740 SW 104TH STRE SUITE NO. 200 MIAMI, FL 33156	ET	1 (\$ 4 (7 4))	1 68 172 8 1811 88 31 88 31 88 31	83061 (111 3 18 11) 1 8568 (1811 1 86 1	10 1 174 1 31 1
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Chg-LLC	CR2E083 (11/05)	
City & State		City & State	City & State		FOR 20	· 4 271055	plied For t Applicable
Zip 	Country	Zip	Country	5. Certificate	of Status Desired	\$5.00 Add Fee Required	
ļ	6. Name and Address of C	urrent Registered Agent		7. Name and	Address of New Re	egistered Agent	
DOBEY C	LAUDE ECO		Name		•		
DORSY, CLAUDE ESQ. 7740 SW 104TH STREET SUITE NO. 200			Street Address		(P.O. Box Number is Not Acceptable)		
MIAMI, FL,		¥					
			City		FL Zip Code		
	named entity submits this state ons of registered agent.	ment for the purpose of changing its	s registered office or reg	gistered agent, or bo	oth, in the State of Flo	rida. I am familiar with,	and accept
SIGNATURE :	Signature, broad or printed name of register	: ead agent and title if applicable /NO	TE: Registered Agent signature re	Amirad when rejectation)		DATE	
Signature, hyped or printed name of registered agent and site if applicable. (NOTE Filling Fee is \$50.00 Due by May 1, 2006							
, Fi	ling Fee is \$50.00					e check payable to Department of State	
Fi Di	ling Fee is \$50.00 ue by May 1, 2006	MEMBERS/MANAGERS		,	Florida	s check payable to Department of State	•
, Fi	ling Fee is \$50.00 ue by May 1, 2006	MEMBERS/MANAGERS	10.			s check payable to Department of State	Addition
9. TITLE NAME	MANAGING I MGRM DORSY, PATRICK L	☐ Delete	10. TITLE NAME		Florida	e check payable to Department of State CHANGES	
9.	ling Fee is \$50.00 ue by May 1, 2006 MANAGING I	☐ Delete	10. TITLE		Florida	e check payable to Department of State CHANGES	
9. IITLE NAME STREET ADDRESS	MANAGING I MGRM DORSY, PATRICK L 7740 SW 104TH STREET.	☐ Delete	10. TITLE NAME STREET ADDRESS		Florida	e check payable to Department of State CHANGES	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING I MGRM DORSY, PATRICK L 7740 SW 104TH STREET.	□ Delete	10. TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME		Florida	e check payable to Department of State CHANGES Change	Addition
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11. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Product a Cauthet 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Managing Member 3-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daily Dayline Proce &