


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000041858</b>	
1. Entity Name <b>PRIMUS CAPITAL MANAGEMENT LLC</b>	
	
Principal Place of Business <b>6538 COLLINS AVENUE # 204 MIAMI BEACH, FL 33141 US</b>	Mailing Address <b>6538 COLLINS AVENUE # 204 MIAMI BEACH, FL 33141 US</b>



04082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1206729</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**REIS, CESAR M  
6538 COLLINS AVENUE  
# 204  
MIAMI BEACH, FL 33141**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000892569  
04/23/08-80071-021 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE <b>MGR</b>	<b>REIS, CESAR M</b>
NAME	
STREET ADDRESS	<b>6538 COLLINS AVENUE # 204</b>
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33141</b>
TITLE <b>MGRM</b>	<b>REIS, CESAR M</b>
NAME	
STREET ADDRESS	<b>6538 COLLINS AVENUE #204</b>
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33141</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

 **CESAR M. REIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**04/08/08 (305) 775-1501**