2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# L04000042777

Entity Name: PRIME GULF DEVELOPMENT 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: 20-1213924 **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