


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90023 006 \*\*\*\*75.00

<b>DOCUMENT # L04000047937</b> 1. Entity Name PRIMO INVESTMENTS, LLC	
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Principal Place of Business 307 MOUNTAIN DRIVE SUITE D DESTIN, FL 32541 US	Mailing Address POST OFFICE BOX 5887 DESTIN, FL 32540 US
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**DO NOT WRITE IN THIS SPACE**



04262006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1290786	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent.

MCGILL, ROBERT E III  
36008 EMEALD COAST PARKWAY  
SUITE 301  
DESTIN, FL 32541

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. LANEVE, LISA R MANAGER 105 WOODWARD ST. DESTIN, FL 32541
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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4-26-06 850 8378007  
Date Daytime Phone #