

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061552

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** PRIMEVISION FACILITIES MANAGEMENT OF CUTLER CAY LLC

**Current Principal Place of Business:**

2685 EXECUTIVE PARK DRIVE, STE. 5  
WESTON, FL 33331

**New Principal Place of Business:**

1485 NORTH PARK DRIVE  
WESTON, FL 33326

**Current Mailing Address:**

2685 EXECUTIVE PARK DRIVE, STE. 5  
WESTON, FL 33331

**New Mailing Address:**

1485 NORTH PARK DRIVE  
WESTON, FL 33326

**FEI Number:** 83-0406029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WORKMAN, TOD  
2685 EXECUTIVE PARK DRIVE, 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 COMMUNIC, ATIONS LLC  
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