

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1/2005-90156-016-\$50.00-\$50.00 *

7/25/2005-90042-029-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 24 AM 10:47

DOCUMENT # L04000062762 1. Entity Name PRIME MANAGEMENT, LLC					
Principal Place of Business 9429 HARDING AVENUE STE. 15 SURFSIDE, FL 33154			Mailing Address 9429 HARDING AVENUE STE. 15 SURFSIDE, FL 33154		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 20-1540986					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent SALAZAR, LISETTE PIE 260 CRANDON BLVD STE. 48 KEY BISCAWAYNE, FL 33149			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHLOSSBERG, GUSTAVO MIRKO 9429 HARDING AVENUE STE. 15 SURFSIDE, FL 33154		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHLOSSBERG, EUGENIO 9429 HARDING AVENUE STE. 15 SURFSIDE, FL 33154		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					