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Secretary of State

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000080249

1. Entity Name
LA PRIMA DEVELOPMENT LLC

20001416

Principal Place of Business	Mailing Address
4524 GUN CLUB ROAD STE. B WEST PALM BEACH, FL 33415 US	4524 GUN CLUB ROAD STE. B WEST PALM BEACH, FL 33415 US

01082007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business No P.O. Box #		3. Mailing Address	
1217 D So. MILITARY TRAIL		1217 D So MILITARY TRAIL	
Suite, Apt #, etc: c/o LI REALTY		Suite, Apt #, etc: c/o Li REALTY INC	
City & State: WEST PALM BEACH, FL		City & State: WEST PALM BEACH, FL	
Zip: 33415	Country:	Zip: 33415	Country:

4. FEI Number: 20-1967523 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LI, DIXON K
4524 GUN CLUB ROAD
STE. B
WEST PALM BEACH, FL 33415

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 ______________________________
(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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM JAKUPI, LIRIM 632 HIBISCUS STREET WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM LI, DIXON 9531 SPANISH MOSS ROAD W LAKE WORTH, FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM PATALANO, RAYMOND 5761 FOUNTAINS DRIVE LAKE WORTH, FL 33467	☐ Delete	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
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	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

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: DIXON LI 1/10/07 561-964-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #